DOCUMENT RESUME

ED 142 281 PS 009 374

TITLE	Child Day Care Management Study. Volume I: Cross-Site Comparisons.
INSTITUTION	Office of Child Development (DHEW), Washington, D.C.; Pacific Training and Technical Assistance Corp., Berkeley, Calif.; Social and Rehabilitation Service (DHEW), Washington, D.C.; Unco, Inc., Washington, D.C.
SPONS AGENCY	Social and Rehabilitation Service (DHEW), Washington, D.C.
PUB DATE	Aug 76
CONTRACT	500-75-0034; SB-920-8-(a)-75-C-431
NOTE	214p.; For State Summaries, Volume 2A, see PS 009 375; for Volume 2B, see PS 009 376
EDRS PRICE	MF-$0.83 HC-$11.37 Plus Postage.
DESCRIPTORS	*Child Care; *County Programs; *Day Care Services; Family Day Care; *Federal Aid; Financial Policy; *Management Systems; National Surveys; Needs Assessment; Program Evaluation; Program Planning; Standards; *State Programs; Tables (Data); Technical Assistance; Training

ABSTRACT

The objectives of this study were to describe federally-subsidized state and county child day care management systems and report how well the management systems work. Included in the category of child day care are family day care, in-home care, group day care and center day care. The document is divided into the following sections: (1) Overview, (2) Needs Assessment, (3) Planning, (4) Evaluation, (5) Information and Referral, (6) Client Eligibility, (7) Licensing, (8) Monitoring, (9) Training and Technical Assistance, and (10) Fiscal Management. Study methodology is also described. A number of tables are included. (MS)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. Nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED142281

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

SCOPE OF INTEREST NOTICE
The ERIC Facility has assigned this document for processing to: PS CE
In our judgement, this document is also of interest to the clearinghouses noted to the right. Indexing should reflect their special points of view.

CHILD DAY CARE MANAGEMENT STUDY

Volume I -

Cross-Site Comparisons

August, 1976

PS 009374

Prime Contract Number SRS-500-75-0034

Subcontract Number SB 920 8(a)-75-C-431

Prepared for: Social and Rehabilitation Service
U.S. Department of H.E.W.
Washington, D.C.

Regions I, II, III, IV, VI, VII, VIII, IX Prepared by:
Pacific Consultants

Region V Prepared by: UNCO, Inc.

Region X Prepared by: Region X
(Social and Rehabilitation Service
and Office of Child Development)

PACIFIC CONSULTANTS STAFF
Who Performed
The Child Day Care
Management Study

Core Staff:

Thomas Evans
Evelyn Hogan
Gary Robbins
Violet Smith

Field Analysts:

Pat Bennett
Joyce Chelouche
Yvonne Dotson
Chet Duncan
Curtis Edwards
Grigor Fedan
Krandell Kraus
Fern Nemenyi
Michael Norris
Patricia Penn
Elenora Ramsey
Annelies Ranier
David Shockey
Louise Webb

Clerical:

Barbara Joyce
Lynn Kugler
Arlene Sneider

Otho J. Green, President

ACKNOWLEDGEMENTS

For a study of this size, it is impossible to thank each and every individual who made a major contribution. We would, however, like to express our very special appreciation to:

Those wonderful "Feds" -- Mary Jane Cronin and Madeline Dowling, Office of Planning, Research and Evaluation, Social and Rehabilitation Service, and Howard Tucker, Public Services Administration, Social and Rehabilitation Service, -- for their invaluable guidance and support;

Region X staff members -- Enid Welling, Public Services Administration, Social and Rehabilitation Service, and Margaret Sanstad, Office of Child Development, Office of Human Development, -- for yeoman work in completing all Region X studies with outstanding competence and under tremendous time constraints;

Libby Halperin, Office of the Regional Director, Region V, for her cooperation, and Bill Darnell and Susan Jones of Unco, Inc., who conducted the Region V study effort and assisted in integrating their findings with ours;

All of the SRS commissioners and staffs for their continuing interest and assistance. Without exception, they were available to facilitate our entry into the states and to aid us in establishing and maintaining necessary contact throughout the study.

Above all others, we are grateful to the state and local staffs in each of the states we studied. Their unfailing courtesy to, and cooperation with, our field analysts overshadowed the inevitable hazards of snowstorms, airline mishaps, influenza, and the other rigours of field work in the winter months. Their thoughtful and frank sharing of information made it possible to develop the comprehensive summaries that comprise the heart of this study. Their conscientiousness in reviewing our draft summaries and responding to our telephone inquiries was unprecedented in our experience. And, above all, their commitment to rendering valuable services to their clients motivated us all when the effort seemed unending. Without their wholehearted cooperation, this study could never have been completed.

And finally, we would like to thank all Pacific Consultants staff, field analysts and clerical staff for their able, hard and dedicated work.

Violet Smith, Project Director
Pacific Consultants
Berkeley, California

TABLE OF CONTENTS

Introduction 1

Methodology 7

Overview

Introduction 20

Table I: Administration 23
Table II: Description of Provider Types 24
Table III: Number FFP Children 25
Table IV: Expenditures, By Provider Type 26
Table V: Record Description 27
Table VI: Record Aggregation & Computer Status 28
Table VII: Compilation of Reported Strengths and Problems 29

Needs Assessment

Introduction 30

Table I: Extent of Study 34
Table II: Sources and Methods Utilized 35
Table III: Results 36

Narrative Summary 37

Planning

Introduction 42

Table I: Organizational Provision for Planning 46
Table II: Definition/Quantification of Program Components 47
Table III: Planned Changes in Dollar Allocations 48
Table IV: Planned Changes in Numbers and Organization 49

Narrative Summary 50

Evaluation 55

Information and Referral

Introduction 62

Table I: Compilation of Information 67
Table II: Programmatic Provision for Disseminating Information 68
Table III: Referral Process and Follow-up 69
Table IV: Results 70

Narrative Summary 71

TABLE OF CONTENTS

Client Eligibility

Introduction 75

Table I: Eligible Population Categories 80
Table II: Eligibility Determination Processes 81
Table III: Eligibility Determination Processes (continued) 82

Narrative Summary 83

Licensing

Introduction 89

Table I: Standards Development 96
Table II: Standards for Centers 97
Table III: Standards for Centers (continued) 98
Table IV: Standards for Homes 99
Table V: Sanctions Required, By Provider Type 100
Table VI: Volume and Process for Centers 101
Table VII: Volume and Process for Homes 102
Table VIII: Provisional Licenses 103

Narrative Summary 104

Monitoring

Introduction 113

Table I: Entities (Workers) Performing Monitoring Function 118
Table II: Comprehensiveness of Effort 119
Table III: Frequency of Monitoring Contacts 120
Table IV: Systematization: Dominant Methods and Instrumentation 121
Table V: Content of Monitoring 122
Table VI: Areas of Compliance Difficulty 123

Narrative Summary 124

Training and Technical Assistance

Introduction 132

Table I: Nature and Extent of Staff Development 136
Table II: Nature and Extent of T & TA for Providers 137
Table III: Follow-up 138

Narrative Summary 139

TABLE OF CONTENTS

Fiscal Management

Introduction		143
Table I:	Fiscal Management & Materials	147
Table II:	Income Sources (74-75)	148
Table III:	Expenditures, By Method and of Service Provision (74-75)	149
Table IV:	Expenditures, By Provider Type (74-75)	150
Table V:	Basis for Rate Establishment	151
Table VI:	Rate Range, per Full-Time Day	152
Narrative Summary		153

INTRODUCTION

Before child care became an extensive, organized, social phenomenon, informal in-home care and family day care were commonly used and accepted forms of "neighborliness": aunts cared for children while mothers shopped; neighbors took over when a mother was ill; grandmothers assumed care of children whose mothers worked. And no one thought very much about it.

While few in number, private philanthropic day nurseries have existed in this country since 1854. Such nurseries were developed for the purposes of preventing neglect of children and of providing an alternative to orphanages for children of widowed mothers who worked. At the turn of the century, a national organization of day nurseries already existed -- and concern for the quality of care for children began to emerge.

The Federal government first entered the day care picture during the Great Depression when the Works Project Administration (WPA) nurseries provided not only employment for women but also the opportunity to experiment with new initiatives in early childhood education. This experience proved of great benefit during World War II when the nation needed women of all ages to work in defense industries. The Lanham Act provided funds for child care in defense-impacted areas, and much of the care provided was of excellent quality, with many centers and nurseries utilizing knowledge and research findings from the field of child development.

After the war, the Federal child care services program died very quickly. Congress had determined that mothers should and would resume their traditional roles of wife and mother. Thus, by 1947, Federal funds for day care had completely evaporated, despite the fact that a great many mothers did not return to hearth and home. In fact, the number of women

---

NOTE: Assistance with the historic and federal perspectives, contained within the Introduction, was provided by Gertrude Hoffman, Specialist on Day Care, Public Services Administration, Social and Rehabilitation Service, Department of Health, Education and Welfare.

in the work force has steadily increased since 1948, but recognition of the impact of maternal employment upon children did not emerge as a social concern until tne late 1950's.

By 1968, the number of working women with preschool children doubled. By 1970, women comprised 40% of the work force, -- and 40% of the working women had children under 18 years of age. [1] This upward trend is not only continuing but accelerating. Projections indicate that 5.3 million mothers with children under age 5 will be in the labor force by 1980. [2]

While the number of working mothers increases dramatically still other forces serve to heighten the need for child day care services. Family mobility, for example, has increased markedly; thus, mothers no longer have the extended family or neighbors of long-standing on whom to depend for child care. Also, increases in the rates of divorce and unwed motherhood have left many single parents with the responsibility for supporting their family as well as providing or securing care for their children. There has been a significant increase in the welfare roles and a concomitant emphasis on helping mothers to achieve independence through training or employment, both of which necessitate the provision of care for their children. In addition, women's rights groups have stressed child care as part of the effort to achieve greater freedom for women. Minority groups have begun to demand that their children be given additional, and earlier, assistance in succeeding educationally.

By 1958, a committee of volunteers was formed to promote interest in the need for day care services. This intercity Day Care Committee achieved its first major breakthrough when the 1962 amendments to the Social Security Act provided authorization for up to $10 million for day care services under the Child Welfare Services (Title IV-B) program. It was also the first Federal effort to establish minimum standards for day care of children through requiring States to license facilities, to establish State Advisory Committees, and to assure case planning for each child and family. Child Welfare Services, as always, were available to children in need without regard to income.

---

[1] Profiles of Children, White House Conference on Children, 1970, Washington, D.C., (p. 61).

[2] Westat National Day Care Survey, OEO, 1971, (p. 173).

The sums of money were indeed small, but this seed money helped to establish principles upon which later day care developments were based.

The 1962 amendments to the Social Security Act, Public Welfare program, provided for Community Work and Training programs as part of the Aid to Families with Dependent Children (Title IV-A) program. The amendments specified child care as an additional expense in the needs standard for mothers who wanted employment or training.

The Economic Opportunity Act of 1964 authorized grants for the development, conduct, and administration of day care projects within community action programs. It also contained provision for the Work Experience Program of Title V of the Economic Opportunity Act.

The 1967 Public Welfare amendments greatly expanded the scope and opportunities for the provision of child care for participants in the Work Incentive Program (WIN). The WIN program, which made registration for training and/or employment mandatory for AFDC recipients who had no preschool children, recognized the need for adequate care and supervision of school-age children whose mothers entered the labor market. Child care for other AFDC families was optional. "Other AFDC families" was interpreted to mean current, former, and potential recipients of AFDC income maintenance funds; and "potential" was further interpreted as encompassing all residents of certain defined impoverished areas (such as Model Cities areas) so that the concept of group eligibility, based on residence in certain geographic areas or membership in certain groups, was developed.

Tremendous impetus for the expansion of child care derived from the provision of Federal matching funds, with the Federal government providing 90% of the cost of child care services for WIN participants and 75% of the cost of child care for other AFDC families. There was a limited appropriation for WIN services; the other funds were initially open-ended, and both were available for in-home and out-of-home care.

With continued expansion of the need for child care services and the potential increase in AFDC families entering the labor market, Federal responsibility for assuring standards of care for children became increasingly important. State licensing and standard-setting to that point had emphasized health and safety but did not generally encompass standards which were specifically directed toward assuring opportunities for child growth and development.

In 1968, the Office of Economic Opportunity, the Children's Bureau (HEW), and the Department of Labor joined together to develop the Federal Interagency Day Care Requirements (FIDCR). The three agencies approved the requirements for all Federal day care programs funded by any of these agencies. The FIDCR include standards for all aspects of child day care services, including facilities, health, educational and social services, environment, nutrition services, staff training, parent involvement, and project management and evaluation.

The 1967 amendments to the Economic Opportunity Act required that standards be established for day care services, and the HEW regulations for Title IV mandated adherence to the 1968 FIDCR in all programs funded under that title (i.e., Titles IV-A and B). In addition, the Title IV regulations included criteria for in-home care for the first time. However, compliance with the requirements was not actively monitored or enforced.

The 1974 amendments to the Social Security Act, including passage of Title XX in January 1975, represented a further step in the development of quality control and management standards. At the same time, Title XX delegates more responsibility to the States for the planning and management of all social services. It also prohibits use of Federal funds under Titles IV-A and B as well as Title XX for day care services that do not meet all the FIDCR, as amended, and other Title XX regulations related to child care.

In particular:

1) Title XX places increased responsibility on the States for assessing the need for social services, for developing a plan to meet the

need (including the allocation of resources), and for providing administrative control. The planning and allocation (or re-allocation) of resources assumes particular importance since Title XX does not provide for additional Federal revenues for social services; at the same time, it opens the way for expanding the base of social service recipients, as shown below.

2) Title XX expands the potential participant population to include families who earn up to 115% of the State median income (SMI), as well as continuing the provision of child care services for AFDC and other recipients of public assistance, persons whose needs were taken into account in determining the needs of AFDC recipients, and individuals eligible for Supplemental Security Income (SSI). The "former" and "potential" categories, including group eligibility, have been eliminated. Another stipulation calls for income-eligibles who earn in excess of 80% of the SMI to pay a fee which is reasonably related to income.

3) Title XX specifies that, where State programs include the provision of child day care services, a State authority shall be established or designated "which shall be responsible for establishing and maintaining standards for such services, including standards related to admission policies for facilities providing such services, safety, sanitation, and protection of civil rights."

The requirements in relation to standards includes both care in the child's home and care provided outside the child's home. For care outside the child's home, Title XX stipulates that the care must meet the "Federal Interagency Day Care Requirements as approved by the Department of Health, Education and Welfare and the Office of Economic Opportunity on September 23, 1968." In addition, child-staff ratios for the care of children from birth to three years of age in group settings have been established for the first time.

From an authorization of up to $10 million under Child Welfare Services in 1962 to an estimated expenditure of $542 million for 1976 under Title XX -- in addition to WIN,

current child welfare expenditures, and expenditures through the public assistance program.-- the Federal government is now providing well over a billion dollars per year for day care. Therefore, the need has increased for assuring accountability for the children served and the funds expended.

Under Title XX, the capability of States to design and utilize effective management strategies is of paramount importance. The present study was therefore authorized to provide a full description and assessment of federally-subsidized State and county day care management systems.

METHODOLOGY

In authorizing the present study, the Social and Rehabilitation Service defined two basic objectives:

- Describe Federally-subsidized State and County child day care management systems, and
- Report how well the management systems work.

The following sections briefly describe the definitions and implications of these objectives, the scope of the study, and the sequence of activities undertaken.

Definitions and Implications of Study Objectives

The first study objective was to describe the child day care management systems in actual use throughout the nation. The primary product of the study was to be a snapshot of each State and all States, based on information provided by State and local management personnel. The contractor's specific responsibility was to collect and systematize the State data, clearly specifying what data elements were and were not available. In this context, the absence of data is itself a finding, since the ability of a State to access information is indicative of its management capability and practices. While the study included both State and local jurisdictions, a decision was made to incorporate all information secured from State-provided documents and from interviews with multiple State and local personnel into a single, unified portrait of each State. In addition, data from all States was aggregated into a series of cross-tabulation charts which present the descriptive data, abstracted from the State summaries, in capsule form.

Second, the emphasis was on Federally-subsidized child day care. This was interpreted as inclusive of all child day care subsidized under Title IV-A (FY 75), Title XX (FY 76), WIN, CWS, and such specific federal funds as ARC, when appropriate. Non-subsidized care was included only to the

extent that it contributed to providing a contextual understanding of the management scope (e.g., in relation to the licensing of all child day care facilities).

Third, State and County management practices were targeted as the area of study. All inquiry was therefore limited to the management practices of governmental agencies. At the State level, this included the designated State social services agency and other State agencies with a major role in child day care management (e.g., the State Department of Education in California). The interpretation of County was broadened to include district offices and other local jurisdictions, as well as county offices.

Fourth, the study was specifically oriented toward child day care. This was operationally defined as care of a child, by a person other than the child's regular caretaker, for a period of less than 24 hours a day. It included:

- Care in someone else's home (family day care and group day care),
- Care in the child's own home (in-home care), and
- Care in a center (public or private).

Care could be provided by a relative as well as a non-related person, so long as the relative is not the child's regular caretaker.

We added the provision that care had to be provided for a period of time which was long enough to enable the regular caretaker to engage in training or work; therefore, part-time, pre-school enrichment programs (such as Head Start and nursery schools) were explicitly excluded. Further, we elected to interpret child day care as a service for normal children, so that day treatment programs for retarded, disturbed or delinquent children were also excluded, to the extent possible. And finally, investigation into the management of other social services was excluded, except where these services were inextricably linked to child day care (e.g., where planning of all social services, including child day care, was undertaken as a single, unified process.

Management systems were defined as encompassing all of the practices undertaken by the States and local jurisdictions in order to plan, fund, implement, and oversee the delivery of child day care services to eligible clients.

Nine specific sub-systems were defined, and clustered, as follows:

SUB-SYSTEMS	CLUSTERS
1. Needs Assessment 2. Planning 3. Evaluation	Planning and Evaluation
4. Information and Referral 5. Client Eligibility Determination	Care Management
6. Licensing and Other Sanctions 7. Monitoring 8. Training and Technical Assistance	Provider Management
9. Fiscal Management	

Investigation was limited to a study of the management functions ("inputs") of the specified governmental units and no direct evaluation of child care provider programs or other "outputs" was undertaken.

Finally, there is the question of how well the management systems work. As noted above, no evaluation of child day care program providers or clients was undertaken. Therefore, the question of "how well" the systems work, in the full evaluative sense of the impact upon providers and clients, was specifically excluded as being beyond the scope of the study.

The issue of "how well" was addressed through the development of a series of criteria, delineating the basic elements required for a functional sub-system. The criteria were based largely upon relevant laws, federal regulations, and professional judgment. Topics derived from these criteria served as a basis for the interviews, and summaries based upon these interviews were structured so as to portray what was not done as well as what was done, in relation to each sub-system. Beyond the identified omissions, evaluative comments contained within the summaries are those which were made by State and local personnel themselves.

The major assessment is contained within Volume I of this report, wherein each sub-system is systematically compared with these established criteria. The criteria thus provide a framework for assessing the extent to which each of the sub-systems is being implemented across all States.

While the criteria are crucial to the identification and assessment of implementational levels, they should not be construed as performance standards. For example, in connection with the monitoring sub-system, there is a criterion which specifies that monitoring must be periodic; there is no specification as to what the frequency should be.

The formulation of specific performance standards, should they ultimately be desired, is within the province of decision-makers. The data on management inputs provided by the present study -- together with added research on the relationship between these inputs and their impact on providers and clients -- should be of assistance in this process.

Scope of the Study

All 50 States and the District of Columbia were included in this child day care management study.

Pacific Consultants had basic responsibility for the development of the study design, the direct implementation of the study in 41 States, and the integration of the study efforts of Unco, Inc. (the firm which implemented the field study in Region V) and Region X (where regional SRS and OCD staff implemented the field study in their own four States).

The study was based on site visits to regional offices, State offices and selected local jurisdictions within each of the States. Local jurisdictions were selected on the following basis:

- o One local jurisdiction for each State-administered model,
- o Two local jurisdictions for every State operating under the State-supervised, County-administered model.

Heavier representation of local sites within the State-supervised, county-administered programs was predicated on the assumption that greater diversity of administrative practices would exist in those States.

Particular local sites were selected in consultation with regional and State personnel, and with the concurrence of the local site. No conditions, other than median size and willingness to participate, were established. There was no attempt to select a statistically reliable sample since the study is essentially qualitative and descriptive.

Sequence of Activities

This portion of the Methodology provides a brief review of the specific activities which were undertaken by Pacific Consultants in the course of the study. While multiple activities were necessarily occurring simultaneously, they were roughly distributed into three phases, as follows:

- Phase I: Start-up Activities
  - a) Visits to regional offices
  - b) Initial state contacts
  - c) Instrument development
- Phase II: Implementation
  - a) Staff selection and training
  - b) Instrument utilization
  - c) Field activities
- Phase III: Data Analysis
  - a) Summary development and review process
  - b) Cross-site comparisons

Phase I: Start-up Activities

Visits to Regional Offices

Three members of the Pacific Consultants core staff, together with federal respresentatives of SRS, made visits to each of the eight regions involved in the study. At least one full day was spent in each region. The purposes of these visits were:

- To explain the nature and intent of the study,
- To solicit the cooperation of appropriate regional personnel,
- To obtain a general over-view of the State child day care management systems, and
- To request their assistance in establishing contact with State child day care management specialists.

Contact with State Officials

Following initial calls by regional personnel, direct telephone contact was established by Pacific Consultants with appropriate personnel in each of the participating States. The purposes of these calls were to explain the study and to establish a working rapport with State staff. During the telephone interviews with State personnel, Pacific Consultants staff members also ascertained the names of specific local sites to be examined, set up tentative time frames for making on-site visits, and requested that relevant documents (e.g., Title XX plans, State licensing standards, etc.) be sent to us.

State profiles were developed as a result of information received in the course of regional visits and telephone contacts with States. These included identifying information on the State agency, the names of persons with managerial responsibilities in relation to each of the sub-systems, the designated State liaison, and the local jurisdiction(s) selected. In addition, the written materials received were logged, indexed, and examined for relevant information.

Instrument Development

Based on the information secured during the regional visits and documentary review, the specific sub-systems (enumerated on page 9) were delineated. For each of the sub-systems, we developed an operational objective, a preliminary series of criteria, and a specification of the particular activities which might be required to fulfill the functions of the sub-systems. Utilizing these criteria and activities listings as a base, we then generated a series of sub-topics for each sub-system. These sub-topics, or areas of investigation, were then further expanded into a comprehensive series of questions about the operational aspects of each of the sub-systems.

The product of this activity was the development of an 85-page interview guide, composed of multiple sub-instruments (i.e., one for each sub-system) and including both open-ended and pre-coded items.

This was designed so that a single completed interview guide would contain all of the information required about a State's management systems. A second identical instrument, to be completed at the local level, would provide verification, amplification, and/or contradicitons, depending upon the actual variations perceived and/or in practice.

The draft instrument was field tested in Santa Barbara, California, and submitted to national and regional SRS personnel for their review and comment. The draft was then reformulated to incorporate the result of the field test and the inputs received. The final version was submitted for OMB clearance.

Phase II: Implementation

Staff Selection and Training

The recruitment and selection of highly skilled field analysts occurred simultaneously with the final development of the survey instrument. Criteria for selection included: prior experience in child care or social services; a working knowledge of governmental administrative structures and functioning; extensive interview experience; and such personal attributes as flexibility, pleasing manner, and commitment. After the final selection, Pacific Consultants provided an intensive four-day training program on the proper utilization of the interview instrument, relevant legislation, and all associated issues.

Instrument Utilization

Upon completion of the training, field analysts were dispatched, in teams of two, to conduct the first round of site interviews. This approach was chosen so that collaboration at the initial site visit would serve as a practical continuation of the training experience. Debriefings were then held with each team to further clarify the nature of the information required.

When nine site visits had been conducted and OMB clearance of the instrument had not been received, it was decided that the instrument should be replaced by a topic guide. The key difference between the interview instrument and the topic guide was the degree of structure. In using the topic guide, interviewers needed to formulate their own questions. As a result, there was some loss of specificity and data comparability. This was minimized, however, by the unusual skill of the interviewers and by the fact that they had had considerable exposure to the instrument and were, therefore, able to understand, and probe for, the depth of information needed. The unstructured topic guide was utilized at all remaining sites.

Field Activities

As noted earlier, initial contacts were made with the regional offices, followed by phone contact with the States. In the course of many subsequent contacts, the schedule was finalized, and the nature of the activities to be undertaken on-site was fully explained.

Field analysts spent five days at the State office and another five at each local site. (Generally, one field analyst was assigned per State, although a team of two was utilized for each of the large States; calendar time allocated was the same in both instances). The first visit was held at the State level, and personnel from the federal regions frequently joined the consultants on-site during the first field day.

The site visit generally began with an initial briefing of persons involved in varying aspects of child day care management. These meetings were convened by the State liaison person and provided an opportunity:

- To discuss the intent and purpose of the project and to answer any questions which might arise,
- To be sure that the most knowledgeable informant in relation to each sub-system had been, or would be, included as an interviewee, and
- To schedule the actual interviews for the balance of the week.

Interviews were then held in relation to each sub-system -- sometimes with an individual and sometimes with several persons, all of whom had some relation to the sub-system under consideration. In addition to these interviews, field analysts sought out documentary sources and specific information needed to complete a full picture of the functioning of each sub-system. This procedure was then repeated at the designated local site(s).

The schedule of site visits, by State and month, is contained in Figure One. Because of the volume of field effort, there is a spread of several months between the initial and final site visits: this should be borne in mind when reviewing the data, since the information was "current", as of the date of the site visit.

Figure 1 : SUMMARY OF SITE VISITS

STATE	LOCAL JURISDICTION(S)	DATE
Alabama	Madison & Lee Counties	1-76
Alaska		5-76
Arizona	Tucson (Pima County)	2-76
Arkansas	Jefferson County	1-76
California	Santa Clara, Contra Costa, and Santa Barbara Counties*	9-75
Colorado	Boulder and Morgan Counties	1-76
Connecticut	Norwich District Office	2-76
D.C.		2-76
Delaware	New Castle County	11-75
Florida	Jacksonville	5-76
Georgia	Chatham & Glynn Counties	1-76
Hawaii	Honolulu County	1-76
Idaho		6-76
Illinois		3-76
Indiana	Marion and Delaware Cos.	3-76
Iowa	Fort Dodge	11-75
Kansas	Wichita District	1-76
Kentucky	Jefferson County	1-76
Louisiana	Lafayette Parish	2-76
Maine	Augusta	2-76
Maryland	Anne Arundel and Montgomery Counties	2-76
Massachusetts	Worcester	2-76
Michigan	Ingham and Wayne Counties	2-76
Minnesota	Hennepin and Olmsted Cos.	2-76
Mississippi	Hinds County	
Missouri	Boone County	11-75
Montana	Billings and Missoula	11-75
Nebraska	Sarpy and Buffalo Counties	1-76
Nevada	Washoe County	1-76
New Hampshire	Rockingham County	1-76
New Jersey	Mercer and Hudson Counties	1-76
New York	Schenectady and Syracuse Cos.	1-76
New Mexico	Santa Fe County	2-76
North Carolina	Jackson and Cumberland Cos.	1-76
North Dakota	Fargo and Bismarck	11-75
Ohio	Clark and Franklin Counties	3-76
Oklahoma	Ada	11-75
Oregon		5-76
Pennsylvania	Central and Northeast Regions	2-76
Rhode Island	Providence	11-75
South Carolina	Charleston and Spartanburg Counties	1-76
South Dakota	Sioux Falls District	
Tennessee	Nashville	2-76
Texas	Tarant County	11-75
Utah	Provo	11-75
Vermont	Brattleboro	1-76
Virginia	Hampton and Alexandria	1-76
Washington		5-76
West Virginia	Raleigh County	1-76
Wisconsin	Dane and Rock Counties	3-76
Wyoming	Casper County	2-76

* Santa Barbara, California, was the pre-test site.

Phase III: Data Analysis

Summary Development and Review Process

While the initial site visits were in progress, core staff developed summary formats for condensing and communicating the nature of each State's child day care management system. These formats consisted of a series of narrative topic headings and chart lay-outs, pertaining to each of the nine sub-systems, together with an overview of the administrative organization.

As each analyst returned from the field, he/she utilized the summary format in preparing a preliminary write-up of the information secured from state interviews, local interviews and documentary sources. Based on a verbal de-briefing and a thorough review of the preliminary summaries, extensive editorial revisions (of both the format and the write-up) were undertaken by core staff members. This process was primarily directed toward ensuring the consistency, clarity, and completeness of each State summary.

As each edited summary was completed, it was forwarded to the appropriate State for review and comment. These comments generally served to clarify, refine and/or amplify the initial data. If any gaps or ambiguities remained, follow-up phone calls were made to the States to secure the additional information needed and/or to resolve any outstanding issues. Upon completion of this process, a final editorial review was undertaken. The individual State summaries, which comprise Volume II of this report, are the product of this process.

Cross-Site Comparisons

A cross-tabulation of quantifiable variables for each of the sub-systems, by State, was then manually prepared. Variables to be utilized for cross-tabulation were selected primarily on the basis of their relevance to the criteria which had been established. As will be recalled, these criteria were formulated to define both the areas to be investigated and the components which were deemed

essential for a functional sub-system. Both the criteria and the completed cross-site tabulations are presented in full in Volume I of this report.

While the material presented in the cross-site comparisons is highly condensed (and therefore constitutes only a superficial portrayal of the complex processes in use), it has special utility in presenting a "bird's eye view" of each State's management processes -- by sub-system and across all sub-systems. Further, and perhaps more importantly, it presents a systematized, descriptive overview of each sub-system, across all States.

It should be noted, however, that the contractors had no opportunity, in terms of time and fiscal constraints, to statistically analyze the extensive data which had been secured. It would be highly desirable to undertake an in-depth analysis of the inter-relatedness of the management components (e.g., an analysis of the implementational level of each management sub-system by such variables as administrative model, size, region, priority accorded child day care, etc.). The basis for such an analysis -- within and across sub-systems -- is contained in the Tables presented. Full completion of this analytic task, however, would require multi-variate computer analysis, which is beyond the scope of this study.

Constraints and Limitations

Methodologically, the primary constraint was the failure to secure OMB clearance and, hence, the inability to use a structured instrument. In actual practice, this had positive as well as negative implications.

The major negative aspect was a lack of precision in the data secured: i.e., not every question was asked by every interviewer; the questions which were asked were not always asked in the same way; and both questions and answers were subject to varying interpretations (by both respondents and interviewers) because the standardized checklists and definitions which had been part of the structured instrument were not available in the course of the interview. As indicated earlier, these negative features were

largely, (but not entirely) overcome by the interviewers' skills, their prior experience with the instrument, and the comprehensive review process which was undertaken after the interviewers returned from the field.

Positively, the use of an unstructured topic guide in lieu of a structured instrument permitted maximum exploration of the practices in actual use; i.e., interviewers were free to follow respondents wherever they led, without being tied to a structured format. As a consequence, the summaries contained in Volume II portray the systems in greater depth than might otherwise have been possible. In order to achieve this result, however, an unusually large expenditure of time and effort was required in the summary preparation and review processes.

A second limitation, closely related to the first, is that the essentially descriptive character of our data does not readily lend itself to quantitative expression. At best, the attempt to reduce highly complex qualitative information into a series of "x's" (as required for the cross-site comparisons contained in Volume I) is a precarious undertaking.

In the absence of a tightly constructed instrument, the potential for misrepresentation is greatly increased. Since we were acutely aware of this problem, a number of control measures were undertaken; notably, numerous calls back to the States to verify information and independent plotting of the data by two separate consultants in order to identify and reconcile variations in interpretation.

Nonetheless, readers are strongly urged to refer back to the State summaries for a fuller clarification and understanding of issues which may be raised by the highly abbreviated version which appears in the Tables of Volume I. While the information contained in the cross-tabulations was drawn directly from the State-reviewed summaries, it must be noted that States have not had an opportunity to review and correct these cross-tabulations.

OVERVIEW

An important part of the interview was based on a Topic Guide section designated as the Overview. While this, of course, is not a sub-system, it provided a vehicle for securing the global information which bridged all sub-systems and created a context within which the individual sub-systems could be better understood.

Contained within the Overview were the following informational categories:

- A complete description of the organizational structure for all social services, with special emphasis on the departments, divisions, bureaus and units involved in child day care management at both the state and local levels
- Types of child day care services, with numbers of providers and consumers, by provider type
- Expenditures and allocations, for FY 74-75 and FY 75-76, for all social services and for child care
- The record system, including information on the completeness of the client data file and the extent of aggregation and computerization
- Statutes relevant to child day care
- Overall assessment of dominant strengths and weaknesses

Some of this information does not lend itself to the type of reduction necessary for a cross-site comparison. Thus, the information on organizational structure is largely omitted here since the complexity of the individual state organizations cannot meaningfully be reduced into a summary format. The reader

is strongly urged to peruse the organization sections of the individual state summaries for clarification of this issue.

Two aspects of organization will, however, be displayed in the Tables which follow: the first is a display of the basic model (i.e., State Administered or State Supervised-County Administered) and the second is an identification of states with variations in structure which have a significant bearing on the operation of multiple sub-systems.

Some of the information secured through the Overview was repeated in other portions of the interview, with the repetition serving as a valuable check on the internal consistency of information provided. In those instances, the findings are presented in connection with the sub-system where they have greatest relevancy; e.g., the type and number of providers, total dollars, and numbers of children -- actual and projected -- are compared in the section on Planning.

In this section, we will provide an Overview of the array of services available and the distribution of dollars and Federally-supported children, by provider type, for FY 74-75.

No aggregated information on statutes is being presented because, in most states, the child care related statutes are limited to the establishment of licensing regulations and/or local fire and safety codes. In the few states where statutory provisions have a major impact on the administration of child care, they are too comprehensive and varied for presentation in a summary format.

Information on the operation of the record-keeping system will be presented in full. While this data could appropriately be incorporated in the client sub-systems, it has applicability to the total administrative operation and is therefore being retained as part of the Overview section.

The final portion of this section is comprised of a compilation of the incidence of strengths and weaknesses reported as part of the Overview portion of the interview. State sources are not identified since the comparison of strengths and weaknesses is intended to provide a nationwide overview. Additional strengths and weaknesses, identified in relation to particular sub-systems, by individual states, will be found in the State Summaries contained in Volume II.

TABLE I: Administration

Table I provides a brief over-view of administrative structure.

Section A. - ADMINISTRATIVE MODEL: displays the state's overall social services administrative model.

Col. 1 - STATE ADMINISTERED: administration responsibility rests with the state, and most administrative functions are uniformly performed throughout the state.

Col. 2 - STATE SUPERVISED-COUNTY ADMINISTERED: administrative responsibility rests with the county, under state supervision. Counties have considerable autonomy within general guidlines and administrative practice frequently varies from county to county.

Col. 3 - BOTH: both of the above, with the state having primary responsibility in some areas and the county having primary responsibility in others.

Section B. - STRUCTURAL VARIATIONS: identifies those states where variations in the administrative structure are important for understanding the management of child care. While there are numerous variations among all of the states, the only states identified here are:

a) those whose child care administrative model differs from that shown in columns 1-3 and

b) those that depart from the prototypical models in ways that significantly impact the operation of the multiple sub-systems.

Thus, in California, Connecticut, and Illinois, the extensive involvement of a second agency in key management functions means that many of the sub-systems could only be accurately portrayed by multiple checks, one to reflect the work of one agency and another to reflect the work of the second agency. Similarly, for Nevada, the multiplicity of separate licensing jurisdictions, each with responsibility for a different geographic area, means that a single characterization of licensing and monitoring functions is necessarily a distortion of the variations which exist.

TABLE I: Administration

	A. ADM. MODEL			B. STRUCTURAL VARIATIONS
	1 State Administered	2 State Supervised	3 Both	
TOTAL	33	15	3	
Alabama		X		
Alaska	X			
Arizona	X			
Arkansas	X			
California		X		Cal.: Major management functions delegated to Dept.
Colorado		X		of Educ. (under agreement with DOH) (2)
Connecticut	X			Conn.: DSS is Title XX agency; DCA (a second state
D.C.	X			agency) directly operates and manages 81
Delaware	X			centers (2)
Florida	X			
Georgia		X		Ga.: For child care, management functions are
Hawaii	X			state administered (1)
Idaho	X			
Illinois	X			Ill.: Service to income eligibles and licensing
Indiana			X	functions delegated to DCFS (under POS
Iowa	X			agreement with DPA) (2)
Kansas	X			
Kentucky	X			
Louisiana	X			
Maine	X			
Maryland		X		Md.: For child care, management functions are
Massachusetts	X			state administered (1)
Michigan	X			
Minnesota		X		
Mississippi	X			
Missouri	X			
Montana			X	Mont.: For child care, management functions are
Nebraska		X		state administered (1)
Nevada	X			Nev.: Six different jurisdictions (State, Counties,
New Hampshire	X			Cities) are responsible for licensing and
New Jersey			X	monitoring in their respective geographic
New Mexico	X			areas (2)
New York		X		
No. Carolina		X		
North Dakota		X		
Ohio		X		
Oklahoma	X			
Oregon	X			
Pennsylvania	X			
Rhode Island	X			
So. Carolina		X		S.C.: For child care, state has primary adminis-
South Dakota	X			trative responsibility; both state and
Tennessee	X			counties directly operate child care
Texas	X			programs (1)
Utah	X			
Vermont	X			
Virginia		X		
Washington	X			
West Virginia	X			
Wisconsin		X		
Wyoming		X		

TABLE II: Description of Provider Types

Table II displays the range of child care services which are used to care for children receiving federal support (Title XX, WIN, etc.), by provider type, as follows:

Col. 1 - PUBLIC CENTERS: centers operated by any governmental agency (school districts, counties, cities).

Col. 2 - PRIVATE CENTERS: centers which are privately operated, either by proprietary concerns or non-profit organizations. The administrative unit, not the funding source, is the primary determinant.

Col. 3 - GROUP DAY CARE HOMES: home care for groups of children which are larger than those served in family day care homes; generally defined as homes serving from 7 to 12 children. Where these homes exist but are not separately categorized, an arrow is used to identify whether they are customarily included with centers (arrow pointing to left) or family day care homes (arrow pointing to the right).

Col. 4 - FDCH's: family day care homes, private homes which serve up to 5 or 6 unrelated children.

Col. 5 - RELATIVE DAY CARE HOMES: relatives (aunts, grandmothers, etc.) who care for one or more related children in the relative's home.

Col. 6 - FDCH SYSTEMS: a series of family day care homes linked together by a common administration; e.g., a community agency which employs a number of persons to care for children in their own homes.

Col. 7 - IN-HOME: a "sitter" or other unrelated provider who cares for the child (or children) in the child's home.

Col. 8 - RELATIVE IN-HOME: an in-home care provider who is related to the child. The relative may or may not already be a member of the child's household.

Col. 9 - WIN IN-HOME: in-home care utilized for children whose parent(s) are participating in the Work Incentive program and whose care is paid for with WIN funds.

TABLE II: Description of Provider Types

	1 Public Centers	2 Private Centers	3 Group Day Care Homes	4 FDCH's	5 Relative Day Care Homes	6 FDCH Systems	7 In-Home	8 Relative In-Home	9 WIN In-Home
TOTAL	39	51	21	50	7	7	39	10	10
Alabama	XX	XX		XX			XX	XX	
Alaska		XX		XX					
Arizona	XX	XX		XX			XX	XX	
Arkansas	XX	XX	XX	XX					XX
California	XX	XX	XX	XX		XX	XX		
Colorado	XX	XX		XX			XX	XX	
Connecticut	XX	XX		XX			XX	XX	
D.C.		XX		XX			XX		XX
Delaware	XX	XX	XX	XX			XX		
Florida	XX	XX		XX		XX			XX
Georgia	XX	XX		XX	XX				XX
Hawaii	XX	XX		XX	XX		XX		
Idaho	XX	XX	XX	XX			XX		XX
Illinois		XX		XX			XX		
Indiana	XX	XX		XX					XX
Iowa	XX	XX		XX			XX	XX	
Kansas		XX		XX	XX		XX		
Kentucky		XX	XX						XX
Louisiana	XX	XX		XX					
Maine		XX	XX	XX		XX		XX	
Maryland	XX	XX		XX			XX		
Massachusetts	XX	XX		XX		XX	XX		
Michigan	XX	XX	XX	XX	XX		XX	XX	
Minnesota	XX	XX	XX	XX			XX		
Mississippi	XX	XX		XX			XX		
Missouri	XX	XX	XX	XX			XX		
Montana		XX		XX					
Nebraska	XX	XX		XX			XX	XX	
Nevada		XX	XX	XX			XX		
New Hampshire	XX	XX		XX			XX	XX	
New Jersey	XX	XX		XX			XX		
New Mexico	XX	XX	XX	XX			XX		
New York	XX	XX		XX			XX		
No. Carolina	XX	XX		XX			XX		
North Dakota	XX	XX	XX	XX	XX		XX		
Ohio	XX	XX	XX	XX			XX		
Oklahoma	XX	XX		XX			XX		
Oregon	XX	XX	XX	XX	XX	XX	XX		XX
Pennsylvania	XX	XX		XX			XX		
Phode Island		XX		XX			XX		
So. Carolina	XX	XX	XX	XX	XX		XX		
South Dakota		XX	XX	XX			XX		
Tennessee	XX	XX	XX	XX					XX
Texas	XX	XX		XX		XX	XX		
Utah		XX		XX					
Vermont		XX	XX	XX			XX		
Virginia	XX	XX		XX			XX		
Washington	XX	XX	XX	XX		XX	XX		XX
West Virginia	XX	XX		XX				XX	
Wisconsin	XX	XX	XX	XX			XX		
Wyoming	XX	XX	XX	XX			XX		

TABLE III: Number FFP Children, By Provider Type (FY 74-75)

Table III shows the number of federally-subsidized children who received child care services during FY 74-75, by provider type, as follows:

Col. 1 - CENTERS: all centers, including public and private.

Col. 2 - GDCH's: group day care homes, as previously defined. If this category is not separately identified by the state, children are shown as enrolled in centers or family day care homes, consistent with the record-keeping practice of the state.

Col. 3 - FDCH's: family day care homes, including both unrelated and related care, as defined for Table II, provided that the care is rendered in the caretaker's home.

Col. 4 - IN-HOME: all care provided in the child's own home, by a person other than the parent, including unrelated "sitters" and relatives. No distinction is made between Title IV-A, WIN, or other federal funding sources.

Col. 5 - TOTAL.

The figures shown are those reported by respondents.

Information volunteered regarding the base from which the figures were drawn indicate that some totals constitute a snapshot at one point in time; others represent an unduplicated count for a month, a quarter or a year; and still others include duplicative counts. Where the existence of duplication was definitely known, or strongly indicated, a footnote to that effect has been entered in the Table.

TABLE III: Number FFP Children, By Provider Type (FY 74-75)

	1 Centers	2 GDCH's	3 FDCH's	4 In-Home	5 Total
	267,013	28,350	135,514	89,011	531,580
Alabama	3,137	na	1,634	Unk	4,771+
Alaska	134		155		289
Arizona	4,776	na	1,505	Unk	6,281+
Arkansas	2,800	1,200		436	4,436
California	48,935	2,419		2,879	54,233
Colorado	Unk	na	Unk	Unk	9,822
Connecticut	2,048	na	1,782	5,346	9,176
D.C.	1,740	na	230	860	2,830
Delaware	1,800	25	425	20	2,270
Florida	11,497	na	271	Unk	11,768+
Georgia	10,726	na	Unk	1,059	11,785+
Hawaii	1,703	na	1,219	746	13,668*
Idaho	122		289	21	432**
Illinois	10,043	20,454			30,497
Indiana	2,410		306	1,968	4,684
Iowa	2,739	na	752	157	3,648
Kansas	740	na	1,144	2,863	4,747
Kentucky	2,176	5	na	Unk	2,181
Louisiana	5,184	na	656	na	5,840
Maine	1,566	83	172	74	1,895
Maryland	3,364	na	2,475	Unk	5,839+
Massachusetts	14,035	na	11,850	Unk	25,885+
Michigan	16,218	8	11,367	42,060	69,653
Minnesota	3,042***	2,174***		Unk	33,013
Mississippi	1,581	na	30	207	1,818
Missouri	4,034	615	4,451	3,251	12,351
Montana	1,699	na	3,132	na	4,831*
Nebraska	1,793	na	3,251	661	5,705
Nevada	Unk	Unk	Unk	Unk	2,736
New Hampshire	Unk	na	Unk	Unk	Unk
New Jersey	20,811	na	3,740	605	25,156
New Mexico	1,880	28	573	1,059	3,540
New York	18,663	na	Unk	Unk	Unk
No. Carolina	Unk	na	Unk	Unk	Unk
North Dakota	Unk	Unk	Unk	Unk	Unk
Ohio	Unk		10,000	Unk	Unk
Oklahoma	9,165	na	1,821	173	11,159**
Oregon	3,100		1,600	45	4,745
Pennsylvania	16,973	na	2,460	na	19,433
Rhode Island	533	na	1,100		1,633
So. Carolina	4,500	0	****	2,091	6,591
South Dakota	821	51	4,365	729	5,966*
Tennessee	1,681	1,266	47,854	221	51,022
Texas	9,850		140	12,335	22,325
Utah	1,233	na	122	na	1,355
Vermont	1,093	22	1,127	Unk	2,242
Virginia	2,017	na	4,315	6,142	12,474
Washington	3,619		5,660	1,543	10,822
West Virginia	697	na	2,944	1,460	5,101
Wisconsin					Unk
Wyoming	335		597	Unk	932+ **

* Duplicated counts (known, or strongly indicated).
** One-month figure.
*** Figures for 2 counties for 2 quarters.
**** Included under centers.

TABLE IV: Expenditures, By Provider Type (FY 74-75)

Table IV displays the total expenditures for child day care, regardless of income source, during FY 74-75, by provider type, as follows:

Col. 1 - CENTERS: all centers, including public and private.

Col. 2 - GDCH's: group day care homes, as previously defined. If this category is not separately identified, by the state, children are shown as enrolled in centers or family day care homes, consistent with the record-keeping practice of the state.

Col. 3 - FDCH's: family day care homes, including both unrelated and related care, as defined for Table II, provided that the care is rendered in the caretaker's home.

Col. 4 - IN-HOME: all care provided in the child's own home, by a person other than the parent, including unrelated "sitters" and relatives. No distinction is made between Title IV-A, WIN or other federal funding sources.

Col. 5 - TOTAL.

Figures shown are those provided by respondents, rounded to closest 1/10 of a million. They may include distributed administrative costs or only the direct pay-outs to providers, depending upon the state's individual approaches to calculating expenditures.

Where an UNK is inserted in lieu of a dollar amount, it means that respondents were unable to provide the figures.

TABLE IV: Expenditures, By Provider Type (FY 74-75)

	DOLLAR AMOUNTS IN MILLIONS				
	1 Centers	2 GDCH's	3 FDCH's	4 In-Home	5 Total
	278.12	4.325	38.2	30.02	657.34
Alabama	7.7	na	1.0	.1	8.8
Alaska	Figures Not Available				Unk
Arizona	3.2	na	.94	.04	4.2
Arkansas	Figures Not Available				2.9
California	96.6	.6		4.1	101.3
Colorado	Figures Not Available				7.1
Connecticut	5.1	na	4.3		9.4
D.C.	Figures Not Available				9.3
Delaware	3.2	.4	.03	.01	3.7
Florida	10.7	na	.2		12.1*
Georgia	13.4	na	.83	.82	15.1
Hawaii	Figures Not Available				2.9
Idaho	Figures Not Available				.28
Illinois	Figures Not Available				42.2
Indiana	2.6	.5			3.1
Iowa	Figures Not Available				Unk
Kansas	.8	na	.9	1.8	3.5
Kentucky	2.3		na	Unk	2.3
Louisiana	Unk	na	.3	na	Unk
Maine	1.6	.08	.04	.1	2.7*
Maryland	6.3	na	1.6	.9	8.8
Massachusetts	17.6	na	5.3	Unk	23.1*
Michigan	10.0	Unk	5.0	15.0	30.0
Minnesota	Figures Not Available				Unk
Mississippi	2.7	na	.02	.06	2.8
Missouri	5.5	.2	1.7	.7	8.1
Montana	Figures Not Available				1.1
Nebraska	2.0	na	2.4	.3	4.7
Nevada	Figures Not Available				.20+
New Hampshire	Figures Not Available				2.2
New Jersey	27.2	na	4.0		39.6*
New Mexico	2.0	.09	.2	.4	2.7
New York	Figures Not Available				143.0
No. Carolina	Figures Not Available				9.6
North Dakota	.17	.011	.25	.19	.62
Ohio	Figures Not Available				12.5
Oklahoma	7.0	na	.8	.05	7.9
Oregon	9.7	.004	1.8	.05	11.5
Pennsylvania	Figures Not Available				53.9
Rhode Island	.7	na	.5	.1	1.3
So. Carolina	6.0	.1	.4	.1	6.6
South Dakota	.21	.02	.64	.1	1.0
Tennessee	10.9	Unk	.5	.2	11.7
Texas	17.37		.17	2.5	20.0
Utah	.7	na	.9	na	1.6
Vermont	1.44	.02	.75	Unk	2.2
Virginia	Figures Not Available				8.4
Washington	3.0	2.8		1.6	7.4
West Virginia	.5		2.3	.8	3.6
Wisconsin	Figures Not Available				Unk
Wyoming	Figures Not Available				.42

* The discrepancy between the total and the sum of the expenditures by provider type results from additional funds which could not be allocated by provider type.

TABLE V: Record Description

Table V is a brief description of the Basic Client Data File, along three primary dimensions:

Section A. - NATURE OF RECORDS: includes an enumeration of all record types utilized, as follows:

Col. 1 - NARRATIVE: case records are written in narrative format.

Col. 2 - STANDARDIZED: pre-developed forms are used to record client data; the same form may be utilized throughout the state or a variety of different formats may be used in different counties, but all workers complete some type of standardized form.

Col. 3 - COMPUTERIZED: records are either initially recorded on, or transferred to, a computer format (e.g., keypunch cards, tapes, or on-line transmission into the computer).

Section B. - PRIMARY RECIPIENT: for each of the record types (described in columns 1-3 under Section A), the primary client is shown internal to the table, as follows:

I = Individual (the primary client is an individual person)

F= Family (the family unit is the primary client)

F/I= Family and/or individuals are identified (may include both, or either, as appropriate)

Section C. - LOCATION OF RECORDS: for each of the record types (described in columns 1 - 3 under Section A), the location of the record is shown internal to the table, as follows:

S = State (the record is maintained at the state level)

L = Local

S/L = The record is maintained at both the state and local levels

TABLE V: Record Description

	A. NATURE OF RECORDS			B. PRIMARY RECIPIENT			C. LOCATION OF RECORDS		
	1 Narrative	2 Standardized	3 Computerized	1 Narrative	2 Standardized	3 Computerized	1 Narrative	2 Standardized	3 Computerized
TOTAL	49	49	39						
Alabama	X	X	X	F	F/I	F/I	L	S/L	S/L
Alaska	X	X		F/I	F/I		L	L	
Arizona	X	X	X	F	F	F	L	S/L	S/L
Arkansas	X	X	X	F	F	F	L	S/L	S
California	X	X	X	I	F	O*/I	L	L	S/L
Colorado	X	X	X	I	I	I	L	S/L	S
Connecticut	X	X			Varies		L	S	
D.C.	X	X	X	F	F	F	L	L	S
Delaware	X			F			S		
Florida	X	X	X	F	F	F	L	S/L	S
Georgia	X	X	X	F/I	F/I	I	S/L	S/L	S
Hawaii	X	X		F	F		L	L	
Idaho	X	X	X	F	F	F	L	S/L	S
Illinois	X	X	X	F/I	F/I	F	L	L	S
Indiana	X	X		F	F		L	S/L	
Iowa	X	X	X	F	F/I	I	L	S/L	S
Kansas	X	X	X	F	F	F	L	S/L	S
Kentucky	X	X	X	F/I	F/I	F/I	S/L	S/L	S
Louisiana	X	X	X	F	F	F	L	L	S/L
Maine	X	X	X	F/I	I	I	L	S	S
Maryland	X	X	X	F/I	F	I	L	S/L	S
Massachusetts	X	X	X	F	F	F	L	S/L	S
Michigan	X	X	X	F	F	F	L	S/L	S
Minnesota	X	X	X	F	F	F	L	L	S
Mississippi	X	X	X	F	F/I	I	L	L	S
Missouri	X	X	X	F	I	F/I	L	S	S
Montana	X	X	X	F	F	F	L	L	S
Nebraska	X	X	X	I	F/I	I	L	S/L	S/L
Nevada	X	X	X	F	F	F	L	S/L	S
New Hampshire	X	X		F	F		L	S	
New Jersey	X	X	X	I	I	I	L	S/L	S
New Mexico	X		X	F/I		F/I	L		S
New York	X	X		F	F		L	L	
No. Carolina	X	X		F/I	F/I		L	L	
North Dakota	X	X			Varies		L	L	
Ohio	X	X	X	F	F	F	L	S/L	S
Oklahoma	X	X	X	F	F	F	L	S/L	S/L
Oregon	X	X	X	F	F	F	L	L	S/L
Pennsylvania	X	X		F/I	F/I		L	L	
Rhode Island	X	X	X	F	F	F/I	L	S	S
So. Carolina	X	X	X	F/I	I	I	L	S	S
South Dakota		X	X		F	F		L	S
Tennessee	X	X		F/I	F/I		L	L	
Texas	X	X	X	F/I	F/I	F/I	L	S/L	S
Utah	X	X	X	F/I	F/I	I	L	S/L	S
Vermont	X	X	X	F	F	F	L	L	S/L
Virginia	X	X	X		Varies		L	L	L
Washington		X	X		F	F		L	L
West Virginia	X	X	X	F	F	F/I	L	L	S
Wisconsin	X	X	X	F	F	F	L	S/L	S
Wyoming	X	X		F	F		L	L	S

KEY: I = Individual; F = Family; S = State; L = Local

* No client identifiers in state system.

TABLE VI: Record Aggregation & Computer Status

Table VI adds two further dimensions to the description of the record-keeping system: the level and extent of data aggregation and the computer status.

Section A. - AGGREGATION: shows whether, and where data is aggregated, as follows:

Col. 1 - AGGREGATED AT STATE LEVEL: data from the entire state is compiled at the state level.

Col. 2 - AGGREGATED AT ALL LOCAL LEVELS: while the data is not compiled at the state level, all local jurisdictions do some form of aggregation (so that the potential exists for pooling this data statewide).

Col. 3 - AGGREGATED AT SOME LOCAL LEVELS: some of the local jurisdictions compile their own data, but this is at local discretion and it is not a uniform practice throughout the state.

Col. 4 - NOT AGGREGATED: data is not regularly compiled at either the state or local levels.

Section B. - COMPUTER STATUS: specifies the operational level of the computerized system, both in terms of the stage of development of the system and the extent to which it was generating reports at the time of the site visit, as follows:

Col. 5 - OPERATIONAL-GENERATING EXTENSIVE REPORTS: the system is fully operational and it regularly (monthly, quarterly or annually) produces reports which include programmatic (e.g., services goals) as well as fiscal and/or eligibility information.

Col. 6 - OPERATIONAL GENERATING LIMITED REPORTS: the system is fully operational but generally produced reports pertaining only to billings or eligibility of clients and did not include programmatic data.

Col. 7 - UNDER DEVELOPMENT: a computer system was in the process of being installed.

Col. 8 - UNDER CONSIDERATION: a computer system was in the planning stages.

Col. 9 - NONE: there is no computer system and none is being actively planned.

TABLE VI: Record Aggregation & Computer Status

	A. AGGREGATION				B. COMPUTER STATUS				
	1 Aggregated at State Level	2 Aggregated at All Local Levels	3 Aggregated at Some Local Levels	4 Not Aggregated	5 Operational - Generating Extensive Reports	6 Operational - Generating Limited Reports	7 Under Development	8 Under Consideration	9 None
TOTAL	39	4	2	4	13	22	14	3	
Alabama	X				X				
Alaska	X					X			
Arizona	X					X			
Arkansas	X				X				
California		X			X(L)*	X(S)*			
Colorado	X					X			
Connecticut		X					X		
D.C.	X					X			
Delaware	X							X	
Florida	X					X			
Georgia	X					X			
Hawaii				X			X		
Idaho	X					X			
Illinois	X					X			
Indiana				X				X	
Iowa	X				X				
Kansas	X					X			
Kentucky **	X						X		
Louisiana	X				X				
Maine	X				X				
Maryland **				X			X		
Massachusetts	X				X				
Michigan	X					X			
Minnesota	X					X			
Mississippi **	X						X		
Missouri	X					X			
Montana	X				X				
Nebraska	X				X				
Nevada	X				X				
New Hampshire		X					X		
New Jersey	X				X				
New Mexico	X					X			
New York			X				X		
No. Carolina				X			X		
North Dakota **				X			X		
Ohio				X			X		
Oklahoma	X				X				
Oregon	X					X			
Pennsylvania		X					X		
Rhode Island	X					X			
So. Carolina	X					X			
South Dakota	X				X				
Tennessee	X						X		
Texas	X					X			
Utah	X					X			
Vermont	X					X			
Virginia			X					X	
Washington	X					X			
West Virginia	X						X		
Wisconsin	X					X			
Wyoming	X						X		

* X(L) = Local, X(s) = State

** The system was in place, but was not operational (i.e., generating reports) at the time of the site visit.

TABLE VII: Compilation of Reported Strengths and Problems

Table VII displays the strengths and/or problems spontaneously identified during the Overview portion of the interviews. It does not include problems and/or strengths discussed by respondents in interviews on the specific sub-systems.

Section A. - IDENTIFIED STRENGTHS, including the following:

STAFF QUALITY/PATTERN: at state and/or local level.
CHILD CARE PROGRAM QUALITY: comprehensiveness; diversity -- for specified provider types.
FISCAL MANAGEMENT: the system, procedures, turn-around time.
ORGANIZATION: administrative structure, policies, coordination, communication.
AGENCY COOPERATION: within the state agency or between agencies.
COMMUNITY RELATIONS: including input vis-a-vis community or advisory groups.
LICENSING LAW/STANDARDS: in general; by provider type.
INFORMATION/COMPUTER SYSTEM
TRAINING AND TECHNICAL ASSISTANCE
CLIENT ELIGIBILITY: requirements, level, process, procedure.
AGENCY STAFF/PROVIDER RELATIONS
INFORMATION AND REFERRAL
MONITORING: of providers--level, and quality.

Section B. - IDENTIFIED PROBLEMS, including the following:

INSUFFICIENT FUNDS
INSUFFICIENT STAFF
FIDCR: staff:child ratios or other components; cost of implementation.
ORGANIZATION: administrative structure, policies, coordination, and communication.
SERVICE AVAILABILITY: in general, by provider type and by location.
LICENSING LAW/STANDARDS: in general, by provider type.
INADEQUATE PROVIDER RATES: in general, by provider type, between provider types.
TRAINING AND TECHNICAL ASSISTANCE: for staff and/or providers.
CLIENT ELIGIBILITY: requirements, level, process, procedures.
FISCAL MANAGEMENT: the system, procedures, and turn-around time.
INFORMATION/COMPUTER SYSTEM
CLIENT FEES: level, implementation of sliding fees.
UNSPECIFIED FEDERAL REGULATIONS
PUBLIC RELATIONS: public information, public education.
TRANSPORTATION: to provider agencies.
LOCAL ORDINANCES: health, safety, building.
NEEDS ASSESSMENT/PLANNING
LACK OF PROVIDER START-UP FUNDS

Where the same item is shown as both a strength and a problem, it is matched internally in the table.

TABLE VII: Compilation of Reported Strengths and Problems

A. IDENTIFIED STRENGTHS		IDENTIFIED PROBLEMS	
No. of States	Strengths	No. of States	Problems
		24	Insufficient Funds
14	Staff Quality/Pattern	18	Insufficient Staff
		15	FIDCR
12	Child Care Program Quality		
9	Organization	14	Organization
		13	Service Availability
4	Licensing Law/Standards	10	Licensing Law/Standards
9	Agency Cooperation		
9	Community Relations		
		8	Provider Rates
3	Training & Technical Assist.	8	Training & Technical Assist.
3	Client Eligibility	7	Client Eligibility
10	Fiscal Management	6	Fiscal Management
3	Information/Computer System	4	Information/Computer System
3	Agency Staff/Provider Relations		
		3	Client Fees
3	Information & Referral		
		3	Unspecified Fed. Regulations
2	Monitoring	1	Monitoring
		3	Public Relations
1 ea.	Monthly Newsletter,		
	Local Media, Commitment to	3	Transportation
	City Government, Day Care	2	Local Ordinances
	Building Code, Consumer	2	Needs Assessment/Planning
	Education Provision, and	2	Lack of Provider Start-up Funds
	Centers Open all-year-round	1 ea.	Paperwork, Administrative Costs,
			Medical Exams, Low Priority of
			Day Care, Service Selection
			for Children, Cost vis-a-vis
			Family Income, Politicized
			Nature of Child Day Care,
			Inadequate Evaluation, Overall
			Emphasis on Centers

NEEDS ASSESSMENT

Definition

Needs Assessment may be defined as a systematic process for ascertaining the number of persons in need of a particular service, determining the number of service slots available, and, based on a comparison between the two, specifying the extent of unmet need.

While the term "Needs Assessment" implies an emphasis on the quantification of client needs for service, this aspect must be coupled with a service inventory if the product is to be a delineation of unmet need. And this delineation is of major importance if the needs assessment is to be used as a basis for planning. As specified in Title XX, the needs assessment and planning processes are to be closely interrelated. While these two functions are being treated as separate sub-systems, it is apparent that the two are operationally interrelated and that, in fact, the extent of utilization of the needs assessment in the development of the plan is one means of assessing the effectiveness of this sub-system.

Since both the population to be served and the service to be provided have been established for the present study, our working definition of Needs Assessment may be more precisely stated as:

> A systematic process for ascertaining the number of eligible children in need of child day care services, determining the number of child care slots available, and, based on a comparison between the two, specifying the extent of the unmet need for child day care as a basis for planning service and resource allocations, by geographic area.

The following objective and criteria constitute an operationalization of this definition.

Objective

To identify the existing and future needs for child care services by comparing supply and demand for varying program types, geographic areas and categories of individuals or families.

Criteria

1. A Needs Assessment has been conducted.

2. The assessment process included a systematic determination of consumer demand and service availability, by geographic areas, based on information secured from such data sources as:

   Census records

   Prior Needs Assessment studies

   In-house records on services provided and/or service requests received

   Public and private agencies

   Key informants

   Providers

   Consumers

   The general public

3. The needs assessment resulted in:

   a. a specific quantified estimate of client need, by category and area;

   b. a specific estimate of the current number of slots available, by provider type;

   c. a specific estimate of the gap between demand and supply;

   d. utilization of the needs assessment in the development of the services plan.

Areas of Investigation

Based on the criteria, the areas for investigation were outlined for the guidance of field analysts in conducting personal interviews at the state and local levels. The following is abstracted from the Topic Guide section on Needs Assessment.

1. Review any needs assessment efforts undertaken prior to the passage of Title XX.

2. Determine who was responsible for the Title XX Needs Assessment.

3. Secure an estimate of the level of effort involved in the Title XX Needs Assessment.

4. Determine the focus of the Needs Assessment; i.e., did it encompass both needs and services? Was it inclusive of all social services or limited to a study of the need for child care?

5. Explore in depth the nature and extent of the needs assessment:

   What sources of information were utilized?

   To what extent was each source utilized?

   What strategies were used for each source?

6. Determine whether specific numerical estimates of need were generated as a result of the Needs Assessment (by client type, geographic area, ages of children, hours care is needed, service objectives, types of service needed or preferred, etc.).

7. Inquire about major remaining unmet needs.

8. Indicate the extent to which data from the needs assessment was directly integrated into the planning process.

Responses secured in the course of these interviews were recorded and submitted for state review. The key findings in each area were then tabulated on a cross-state basis and the resultant data is represented in the section which follows.

TABLE I: Extent of Study

Table I displays the extent, or breadth, of the Needs Assessment study which was performed for all social services, in preparation for Title XX planning, along three major dimensions.

Section A. - CHARACTERIZATION OF STUDY: an overall judgemental characterization of the study in terms of systematization and intensity, as follows:

Col. 1 - SYSTEMATIC/COMPREHENSIVE: a major study, tapping multiple data sources (beyond records and in-house personnel) in a systematic manner.

Col. 2 - SYSTEMATIC/LIMITED: a fully systematized study, but limited in terms of the extent of data collected.

Col. 3 - MINIMAL STUDY: utilized available records and staff or key informant knowledge to formulate estimates of need, but no systematic investigation was undertaken.

Col. 4 - NONE: no Needs Assessment was undertaken in relation to Title XX planning.

Section B. - SCOPE OF STUDY: addresses the scope of the study in terms of subject matter orientation.

Col. 5 - ALL SOCIAL SERVICES: the Needs Assessment study was directed toward determining the need for all social services, including child care.

Col. 6 - SPECIAL CHILD CARE STUDY: a special assessment was conducted in relation to the need for child care services, generally in addition to the overall social service assessment indicated in Column 5. X(L) indicates that a special child care study was undertaken on the <u>local</u> level.

Col. 7 - CONSUMER NEEDS: the study (whether for all social services, or for child care) included an assessment of consumer need/demand.

Col. 8 - PROVIDER AVAILABILITY: the study included an assessment of the available supply; i.e., the number of child care slots available (independent of the number of children who had been served during the previous year).

Section C., Col. 9 - NUMBER OF PERSON MONTHS: number of person months specifically devoted to conducting the Needs Assessment.

TABLE I: Extent of Study

	A. CHARACTERIZATION OF STUDY				B. SCOPE OF STUDY				C.
	1 Systematic/Comprehensive	2 Systematic/Limited	3 Minimal Study	4 None	5 All Social Services	6 Special Child Care Study	7 Consumer Needs	8 Provider Availability	9 Number of Person Months
TOTAL	4	21	18	8	38	8	32	19	
Alabama	X				X		X		1-2
Alaska			X		X				
Arizona		X				X	X		18
Arkansas		X				X	X		1
California		X			X	X(L)	X	X	UNK
Colorado		X			X		X		UNK
Connecticut		X			X		X	X	UNK
D.C.			X		X		X	X	8
Delaware				X	NONE		NONE		0
Florida		X			X		X	X	UNK
Georgia		X			X		X	X	UNK
Hawaii		X			X		X		UNK
Idaho		X			X				5
Illinois			X		X	X			UNK
Indiana			X		X				UNK
Iowa				X	NONE		NONE		0
Kansas				X*		X*			0
Kentucky			X		X		X		UNK
Louisiana			X		X		X		UNK
Maine			X		X		X		UNK
Maryland			X		X	X	X		UNK
Massachusetts		X			X		X		6
Michigan			X		X				UNK
Minnesota			X		X				UNK
Mississippi			X		X		X		UNK
Missouri			X		X	X(L)	X	X	UNK
Montana			X		X		X		UNK
Nebraska	X				X		X	X	2
Nevada		X			X		X	X	6 1/2
New Hampshire				X	NONE		NONE		0
New Jersey			X		X		X	X	UNK
New Mexico				X	NONE		NONE		0
New York		X			X		X	X	1 1/2
No. Carolina			X		X				3
North Dakota		X			X		X		UNK
Ohio	X				X				UNK
Oklahoma		X			X		X	X	2 1/4
Oregon		X				X			2
Pennsylvania		X			X			X	UNK
Rhode Island			X		X		X	X	UNK
So. Carolina	X						X	X	4+
South Dakota			X			X(L)	X		UNK
Tennessee		X			X		X	X	UNK
Texas		X			X		X	X	100
Utah				X	NONE		NONE		0
Vermont				X	NONE		NONE		0
Virginia		X			X		X	X	UNK
Washington		X			X				26
West Virginia		X			X		X	X	2
Wisconsin				X	NONE		NONE		
Wyoming			X		X		X	X	UNK

* While no Title XX needs assessment was conducted, a systematic comprehensive child care needs assessment (covering both consumer needs and provider availability) had been conducted prior to Title XX. It served as the basis for Title XX child care planning.

TABLE II: Sources and Methods Utilized

Table II summarized the data sources utilized and the methods used to tap these sources.

Col. 1 - DOCUMENT REVIEW: a review of census data, in-house records on numbers served in prior years, and other relevant reports and statistics.

Col. 2 - PRIOR NEEDS STUDIES: while this is also a documentary review of existing reports, it is listed separately in order to reflect the special attention given to the development of a Needs Assessment at some earlier time.

Col. 3 - IN-HOUSE STATE LEVEL MEETINGS: in-house meetings of Title XX agency staff; representatives of multiple Departments or Divisions may have been included.

Col. 4 - DISTRIC/COUNTY INPUT: input was systematically secured from local jurisdictions, either through representative participation on Needs Assessment committees or through securing written input from districts and/or counties.

Col. 5 - MEETINGS WITH OTHER AGENCIES: includes state and local governmental agencies, other than the agency responsible for Title XX.

Col. 6 - MEETINGS WITH ADVISORY COMMITTEE: includes all advisory committees (e.g., State Social Service Advisory Committee, 4-C's, etc.)

Col. 7 - CONTACTS WITH KEY INFORMANTS: letters, meetings, or other contacts with community leaders, community agency representatives, or selected providers.

Col. 8 - PUBLIC MEETINGS: Meetings open to the public, including providers, consumers and/or the general public for the specific purpose of ascertaining the extent of need or the publicly held priorities with regard to needed services.

Col. 9 - PROVIDER SURVEY: systematic polling of providers (all or a sample) by means of a structured questionnaire.

Col. 10 - CONSUMER SURVEY: systematic polling of child social service users or potential users (all or a sample) by means of a structured questionnaire.

Key to Symbols:

3 = Utilized Extensively
2 = Utilized to Some Extent
1 = Utilized to a Limited Extent
Blank = Not Utilized

TABLE II: Sources and Methods Utilized

	DOMINANT SOURCES/STRATEGIES									
	1 Document Review	2 Prior Needs Studies	3 In-House State Level Meetings	4 District/County Input	5 Meetings with Other Agencies	6 Meetings with Advisory Committee	7 Contacts with Key Informants (Incl. Providers)	8 Public Meetings	9 Provider Survey	10 Consumer Survey
TOTAL	41	4	37	22	25	2	20	29	11	7
Alabama	3	3	3	3	3		3	1	3	3
Alaska	1		1					1		
Arizona	3		2		2		2	2		
Arkansas	3		2							
California	1		2	2	2			1		
Colorado	1		3		2		2	1		
Connecticut	3		1	1	1		1			
D.C.	3		3			2		2	1	
Delaware				NONE CONDUCTED						
Florida	1		1		1		1	1		
Georgia	2		2	2	1			1		
Hawaii	3		2							
Idaho	2		2	2	1		1	1	1	2
Illinois	3		3		2		2	1		
Indiana	1		2	3			1	1		
Iowa				NONE CONDUCTED						
Kansas		3		NONE CONDUCTED						
Kentucky	3		2	2	1	1	1			
Louisiana	1		2		2		2			
Maine	3									
Maryland	2		2	2	2					
Massachusetts	3		2	1	2			1		
Michigan	2							2		
Minnesota	2			3				1		
Mississippi			2		1			1		
Missouri	3	2	2		2		2	3		
Montana	3		2							
Nebraska			3	3	3				2	3
Nevada	2		3					2	3	3
New Hampshire				NONE CONDUCTED						
New Jersey	3		3						1	
New Mexico				NONE CONDUCTED						
New York	3		2	3			2	2		
No. Carolina	2		2	2				3		
North Dakota	3		3	3	2			1		
Ohio	2			2	3		2	2	2	2
Oklahoma	3		2		2		2	2		
Oregon	2		1	1	2		2	1	3	3
Pennsylvania	3			2				1		
Rhode Island	2		3		3		2	2		
So. Carolina	2		3					1	3	
South Dakota	3							1		
Tennessee	3		2		2		3			
Texas	3		3	3	3		2			
Utah				NONE CONDUCTED						
Vermont				NONE CONDUCTED						
Virginia	3	3	2	2				1		
Washington	2		2	1	2		1	3		
West Virginia	2		3	3	3		3		2	
Wisconsin				NONE CONDUCTED						
Wyoming	1		1	1					2	2

TABLE III: Results

Table III shows the results of the Needs Assessment effort. Unlike the preceding two tables, where needs assessment was viewed as a totality, this table details the outcome in specific relationship to child care, for the following two dimensions:

Section A. - NUMERIC ESTIMATES GENERATED BY NEEDS ASSESSMENT: areas in which specific quantitative estimates were derived as a direct outcome of the needs assessment, including:

Col. 1 - CLIENT TYPE: the number of clients in need of child care service, by eligibility category.

Col. 2 - GEOGRAPHY: the incidence of need for child care services, by district, county or urban-rural areas.

Col. 3 - CHILDREN'S AGES: the number in need of child care services, by age or age clusters.

Col. 4 - HOURS OF CARE: quantification of service needs, by hours when service is needed (e.g., night-time care).

Col. 5 - OBJECTIVE/GOAL: the number who need child care services in order to achieve specified goals.

Col. 6 - TYPE OF SERVICE: the specific type or form of child care services needed (e.g., center care, home care).

Col. 7 - TOTAL NEEDING SERVICE: a quantitative estimate of the total number in need of child care service, based on the needs assessment and separate from the number to be served (unless all those in need will in fact be served).

Section B. - IMPACT ON PLAN: a judgmental characterization of the extent to which the needs assessment, per se, impacted the plan:

Col. 8 - SIGNIFICANT: the needs assessment findings had a major impact on the development of the plan for child care in two or more tangible areas.

Col. 9 - MODERATE: the needs assessment had at least one tangible effect on the development of the plan.

Col. 10 - MINOR: while the findings of the needs assessment were taken into consideration in developing the plan, there was no tangible element of the plan directly attributable to the needs assessment.

Col. 11 - NONE

TABLE III: Results

	A. NUMERIC ESTIMATES GENERATED BY NEEDS ASSESSMENT							B. IMPACT ON PLAN			
	1	2	3	4	5	6	7	8	9	10	11
	Client Type	Geography	Children's Ages	Hours of Care	Objective/Goal	Type of Service	Total Needing Service	Significant	Moderate	Minor	None
TOTAL	18	15	6	1	15	13	8	4	12	15	20
Alabama						X			X		
Alaska			NONE GENERATED								X
Arizona		X					X		X		
Arkansas	X	X	X				X			X	
California			NONE GENERATED							X	
Colorado							X			X	
Connecticut	X				X						X
D.C.			NONE GENERATED								X
Delaware			NONE GENERATED								X
Florida			NONE GENERATED								X
Georgia						X					X
Hawaii	X		X		X					X	
Idaho	X	X			X		X	X			
Illinois	X					X			X		
Indiana		X			X	X					X
Iowa			NONE GENERATED								X
Kansas			NONE GENERATED								X
Kentucky			NONE GENERATED							X	
Louisiana			NONE GENERATED							X	
Maine			NONE GENERATED							X	
Maryland			X			X				X	
Massachusetts	X	X			X	X				X	
Michigan	X					X				X	
Minnesota	x	x			x	x			x		
Mississippi			NONE GENERATED								x
Missouri	X	X			X			X			
Montana			NONE GENERATED								X
Nebraska	X	X					X		X		
Nevada			NONE GENERATED							X	
New Hampshire			NONE GENERATED								X
New Jersey	X	X	X		X	X				X	
New Mexico			NONE GENERATED								X
New York	X	X			X				X		
No. Carolina			NONE GENERATED							X	
North Dakota			NONE GENERATED								X
Ohio	X	x			x	X			X		
Oklahoma					X		X		X		
Oregon	X				X				X		
Pennsylvania							X			X	
Rhode Island	X		X	X		X					X
So. Carolina	X	X							X		
South Dakota			NONE GENERATED							X	
Tennessee					X		X		X		
Texas	X	X	X			X		X			
Utah			NONE GENERATED								X
Vermont			NONE GENERATED								X
Virginia			NONE GENERATED								X
Washington	X	X			X			X			
West Virginia		X			X	X			X		
Wisconsin			NONE GENERATED								X
Wyoming			NONE GENERATED								X

NEEDS ASSESSMENT

Narrative Summary

As shown in the foregoing tables, 76% of the needs assessments conducted in response to Title XX could be characterized as limited efforts, with 41% described as systematic/limited and 35% described as minimal. At the extremes, we note that only four states (8%) performed comprehensive, systematic studies, and eight states (16%) conducted no needs assessment studies.

In general, the studies which were conducted were inclusive of all social services. Eight states conducted special child care needs assessments, but, of these, three were local in nature.

In terms of the content areas covered by the studies (for the states where this information is available):

14 focused on consumer needs only
1 focused on provider availability only
16 indicated that they examined both consumer needs and provider availability

While a comparison of consumer needs and provider availability should make it possible to identify service gaps, there were few situations where this data was systematically inventoried, compiled and compared, as indicated by the strategies utilized and the extent of numeric estimates generated.

Strategies utilized, in rank order of frequency, are shown on the chart which follows:

Source / Strategy	# States Reporting	Weighted Total
Document Review	41	116
In-house State Level Meetings	37	81
Public Meetings	29	43
Meetings with Other Agencies	25	50
District/County Input	22	47
Contacts with Key Informants	20	37
Provider Survey	11	23
Consumer Survey	7	18
Prior Needs Studies	4	11
Meeting with Advisory Committee	2	3

It is apparent that heavy reliance was placed on documentary review and agency meetings. The documents most frequently mentioned were internally-generated reports of services actually rendered to consumers, although there was considerable use of census data and other available materials and reports. The dominant form of meetings were internal, state-level, social services agency meetings. Meetings with (and/or input from) district and county personnel and meetings with representatives of other community agencies were utilized by approximately half of the states. Advisory committee input into the needs assessment process was virtually non-existent.

Input from the larger public was secured primarily through public meetings and contacts with key informants. In relation to public meetings, it was not always possible to distinguish whether these meetings were held for purposes of assessing the needs or for securing reactions to draft Title XX plans; even in the latter instance, however, they served a purpose in relation to assessing the need since some expression of public priorities (presumably expressive of perceived needs) was elicited.

Direct surveys of providers and/or consumers were extremely limited in frequency (with seven states conducting both provider and consumer surveys and four others conducting provider surveys only).

It was anticipated that the needs assessment process would result in the specific generation of numeric estimates of need, in terms of total numbers, specific client categories in need of service, and other factors. However, in 23 states, there were no numeric estimates generated as a specific result of the needs assessment process. Of the 23 states;

- 8 engaged in no needs assessment
- 10 conducted studies which they described as minimal
- 5 conducted studies characterized as limited/systematic

In several instances, the needs assessment effort was directed toward establishing a rank order of service priority and may have served a useful purpose even though no specific numeric forecasts of need were made. However, as we shall see, there were no instances of even moderate impact upon the plan in the absence of numeric estimates.

Where numeric estimates were generated by the needs assessment (i.e., in 28 states), they generally related to client types, geography, objectives, and types of service, -- information which would have specific applicability to the development of the CASP plan.

In the present context, the most important area of inquiry pertains to the impact of the needs assessment on the Title XX planning effort. And here the findings are clear-cut and dramatic: 20 states reported no impact; 15 states reported minimal impact. Altogether, 35 states (69%) reported that the needs assessment had little or no impact on the plan. Of these:

- 8 had conducted no study and generated no numeric estimates
- 15 had engaged in some needs assessment activities but had generated no numeric estimates
- 12 had conducted studies and had generated estimates of need

Of the remaining 16 states:

- 12 reported a moderate impact on the plan, and
- 4 were characterized as having significant impact

Of the 16 states with moderate or significant impact, all had engaged in needs assessment activities and all had generated numeric estimates of need.

Based on the foregoing, it is apparent that there is a relationship between the level of needs assessment and the impact of that assessment on the plan. The ability to generate estimates of need seems to be of particular importance in this connection.

Nonetheless, there were instances where the impact was less than one would anticipate based on the reported level of the study conducted (e.g., in the case of the 12 states that conducted studies, generated numeric estimates and still had no impact on the plan).

The reasons for the low impact of the needs assessment on the plan seem to fall into several major categories:

> First, in many instances, the budgetary cycle was such that funding allocations had to be submitted to the legislature prior to the completion of the needs assessment, so that there never was a real possibility of findings being incorporated into the budget.
>
> Second, in states where the federal funding ceiling had been reached, there was felt to be little chance of increasing the allocation to child care, even if considerable need was uncovered; in this instance, the perceived limitations tended to inhibit the needs assessment process as well as minimizing the impact on the plan.
>
> And, finally, there were instances where the needs assessment study itself was inadequate as a basis for planning, either because of a lack of time, lack of funds, lack of personnel, or lack of expertise (particularly in terms of synthesizing the findings and generating useful numeric estimates).

In virtually all states, there was an expression of intent to do a further needs assessment in the future. It is hoped that the timing in subsequent years can be better coordinated with the funding cycle and that states can be provided technical assistance in the performance of needs assessment studies and in the handling of data resulting from such studies.

PLANNING

Definition

The Planning process encompasses the establishment of objectives and the systematic projection of activities to be undertaken in order to accomplish the objectives. In the field of social services, it involves the quantified specification of services to be provided to meet identified needs of designated eligible population groupings, consistent with available resources.

The primary planning effort covered by the present study was that which had resulted in the development of the Comprehensive Annual Services Program (CASP) plans. Submission of state CASP plans, required under Title XX, had occurred in October, 1975, and our field visits took place almost immediately thereafter (between November, 1975, and March, 1976). We were therefore guided by the Title XX specifications with regard to the planning process required.

In particular, Title XX specified that the report on planning should include:

- the relationship of planning and the State budget process;
- coordination with State, regional or local planning organizations;
- how the needs assessment was considered in the planning process;
- how service resources were inventoried, gaps identified, and plans made to fill the gaps; and
- the procedures used to establish priorities and set objectives.

All of these aspects were explored in relation to the two planning sub-systems which were delineated for this study. The Needs Assessment sub-system, covered in the previous section, dealt with the assessment of client needs and with assessment of services availability. The present section pertains to the organization of planning, the relationship of planning to the budget process, the procedures utilized, and the planning outcomes achieved.

Objectives

To develop a guide for effectively and efficiently allocating resources in order to provide needed child day care services to specified population groupings.

Criteria

1. Organizational provision has been made for fulfilling the planning function, including coordination with, and input from, other state, regional and local planning organizations.

2. A plan has been developed which includes the definition and quantification of program components, including:

   a. the population to be served

   b. priority categories

   c. the services to be provided, by provider type and geographic area

   d. the amount of money to be allocated, by population, provider type and geographic area

Criteria (cont.)

3. To the extent that a need for change was identified, the plan has, or will be, utilized to impact upon:

   a. the population served

   b. the resource allocation by area, provider type, and client

   c. the organizational structure

Areas of Investigation

Based on the criteria, the needs for investigation were outlined for the guidance of field analysts in conducting personal interviews at the state and local levels. The following is abstracted from the Topic Guide section on Planning:

1. Describe the on-going social services planning which occurred prior to Title XX.

2. Determine who was responsible for Title XX planning.

3. Describe the Title XX planning process, including:

   a. Whether inclusive of all social services or specifically directed toward child care (if all inclusive, was there any special attention to child care?)

   b. Input utilized (e.g., data from needs assessment, feedback from publication of plan, public hearings, etc.)

   c. Extent of interface with WIN and Title IV-B planning

   d. Comparison of the planning process pre and post-Title XX

Areas of Investigation (cont.)

4. For each of the following items, indicate whether they were SPECIFICALLY DEFINED and whether they were QUANTIFIED. Specify definitions and numbers which were established, and indicate whether more or less than the previous year:

   a. Total number to be served

   b. Population categories to be served

   c. Priority categories

   d. Service provider types

   e. Special provider attributes

   f. Geographic areas

   g. Dollars allocated

5. Describe all planned changes (in terms of population to be served, services to be offered and organizational structure) and specify the activities undertaken to implement them and the progress made.

Responses secured in the course of these interviews were recorded and submitted for state review. The key findings in each area were then tabulated on a cross-site basis and the resultant data is presented in the section which follows.

TABLE I: Organizational Provision for Planning

Table I portrays the organizational provision for planning, in relation to all social services, on an on-going basis and in relation to Title XX planning.

Section A. - ON-GOING: agency or unit responsible for social services planning, prior to Title XX. A distinction is made between:

Col. 1 - SPECIAL PLANNING UNIT: any specially-designated unit having planning as its primary responsibility.

Col. 2 - SOCIAL SERVICES AGENCY: the social services agency, or any unit thereof, which engages in planning activities, in addition to other primary responsibilities.

Section B. - TITLE XX PLANNING PARTICIPANTS: all those staff members, agency representatives and others who participated directly in the planning process; persons or groups receiving the plan after it was developed would not be included. Identified categories of planning participants include:

Col. 3 - SPECIAL PLANNING UNIT: as defined above.

Col. 4 - TITLE XX AGENCY STAFF: including state and local staffs from one or more Divisions of the Title XX agency (exclusive of child care staff).

Col. 5 - CHILD CARE STAFF: staff members with specific child care responsibilities or members of identifiable child care units. This category is a sub-set of the Title XX agency staff, but is designated separately because of its relevance to the present study.

Col. 6 - OTHER AGENCIES: representatives of agencies other than the Title XX agency; may include state or local staffs of governmental and/or community agencies.

Col. 7 - ADVISORY COMMITTEE: either the committee as a whole, or representatives thereof, provided they participate directly in the planning process.

Key to Symbols:

X(L) indicates that the local agency has this responsibility.

TABLE I: Organizational Provision for Planning

	A. ON-GOING		B. TITLE XX PLANNING PARTICIPANTS				
	1 Special Planning Unit	2 Social Service Agency	3 Special Planning Unit	4 Title XX Agency Staff	5 Child Care Staff	6 Other Agencies	7 Advisory Committee
TOTAL	16	38	19	44	18	8	15
Alabama		X		X	X		
Alaska		X		X			
Arizona	X		X	X	X		
Arkansas	X		X				
California		X	X				X
Colorado	X		X	X	X		
Connecticut		X		X			
D.C.	X			X			
Delaware	X			X			
Florida		X		X			X
Georgia		X		X			
Hawaii		X		X			
Idaho		X		X			X
Illinois	X	X	X	X		X	X
Indiana		X(L)		X			X
Iowa		X		X		X	X
Kansas		X		X	X	X	
Kentucky		X		X			
Louisiana	X		X	X	X	X	X
Maine	X		X				
Maryland	X		X	X			
Massachusetts		X	X				X
Michigan		X		X			
Minnesota		X		X	X		X
Mississippi		X		X			
Missouri	X	X		X			
Montana		X		X			
Nebraska		X		X	X		
Nevada		X		X			
New Hampshire		X		X	X	X	
New Jersey	X			X			
New Mexico			X				
New York		X	X	X	X		
No. Carolina		X	X	X	X		X
North Dakota		X		X			
Ohio		X		X	X		
Oklahoma		X		X			
Oregon	X	X	X	X	X		X
Pennsylvania		X		X			
Rhode Island	X		X	X			X
So. Carolina		X	X	X	X		
South Dakota		X		X	X	X	
Tennessee	X		X				
Texas		X		X	X	X	
Utah		X	X				
Vermont		X		X			
Virginia		X		X			X
Washington	X	X	X	X	X		X
West Virginia		X		X	X	X	
Wisconsin	X		X	X	X		
Wyoming		X		X			X

TABLE II: Definition/Quantification of Program Components

Table II displays the areas defined (D) and/or quantified (Q) as part of the planning process. While there are similarities between this table and Table III in the needs assessment section, there is no necessary implication that the planned quantification resulted from the needs assessment.

Information contained in this table was derived from either the CASP plan or verbal responses about definitions and numbers. Regardless of the source, however, the Q (quantified) column is checked only if actual numbers were in fact provided.

Col. 1 - TOTAL NUMBER: the total number of persons to be served (sometimes stated as families and sometimes as children) or the total number of slots to be provided.

Col. 2 - POPULATION CATEGORIES: specific delineation of populations to be served, either in terms of eligible population categories or other groupings.

Col. 3 - PRIORITY CATEGORIES: any prioritization of the population categories defined under Col. 2 above.

Col. 4 - PROVIDER TYPES: specification of particular forms of child care (e.g., centers, homes, etc.).

Col. 5 - PROVIDER ATTRIBUTES: includes the specification of such provider characteristics as ability to provide night care, to serve handicapped, to speak Spanish, etc.

Col. 6 - GEOGRAPHIC AREAS: the planned distribution of child care services by district, county, urban-rural or other geographic distributions.

Col. 7 - DOLLARS: specification of the total dollars allocated to child care.

At the head of each column are the letters D and Q (as appropriate).

D = Defined
Q = Quantified

TABLE II: Definition/Quantification of Program Components

	AREAS DEFINED/QUANTIFIED											
	1	2		3		4		5		6		7
	Total Number	Population Categories		Priority Categories		Provider Types		Provider Attributes		Geographic Areas		Dollars
	Q	D	Q	D	Q	D	Q	D	Q	D	Q	Q
TOTAL	51	51	33	22	7	23	6	12	4	4	33	51
Alabama	X	X	X			X				X	X	X
Alaska	X	X	X	X	X					X	X	X
Arizona	X	X		X		X				X	X	X
Arkansas	X	X	X	X	X	X		X	X	X	X	X
California	X	X		X		X				X	X	X
Colorado	X	X	X	X		X				X		X
Connecticut	X	X	X							X		X
D.C.	X	X	X			X				X	X	X
Delaware	X	X								X		X
Florida	X	X	X			X				X	X	X
Georgia	X	X		X		X		X		X	X	X
Hawaii	X	X								X	X	X
Idaho	X	X	X	X	X	X	X	X	X	X	X	X
Illinois	X	X	X	X								X
Indiana	X	X	X							X	X	X
Iowa	X	X	X			X	X			X	X	X
Kansas	X	X										X
Kentucky	X	X	X									X
Louisiana	X	X	X			X				X	X	X
Maine	X	X	X	X						X	X	X
Maryland	X	X		X		X		X		X		X
Massachusetts	X	X	X			X				X	X	X
Michigan	X	X	X									X
Minnesota	X	X		X	X					X	X	X
Mississippi	X	X		X								X
Missouri	X	X		X						X	X	X
Montana	X	X	X	X		X	X			X	X	X
Nebraska	X	X								X		X
Nevada	X	X						X	X	X	X	X
New Hampshire	X	X	X			X	X					X
New Jersey	X	X	X	X		X		X		X	X	X
New Mexico	X	X	X							X	X	X
New York	X	X		X						X	X	X
No. Carolina	X	X	X							X	X	X
North Dakota	X	X	X							X	X	X
Ohio	X	X	X			X		X		X	X	X
Oklahoma	X	X								X		X
Oregon	X	X	X	X	X	X		X		X	X	X
Pennsylvania	X	X	X	X						X	X	X
Rhode Island	X	X		X	X					X		X
So. Carolina	X	X	X			X	X	X	X	X	X	X
South Dakota	X	X	X							X		X
Tennessee	X	X										X
Texas	X	X	X	X		X	X					X
Utah	X	X								X	X	X
Vermont	X	X	X									X
Virginia	X	X	X	X	X					X	X	X
Washington	X	X	X	X		X		X		X	X	X
West Virginia	X	X	X			X		X		X	X	X
Wisconsin	X	X	X			X		X		X	X	X
Wyoming	X	X										X

TABLE III: Planned Changes in Dollar Allocations

Table III documents the planned changes in allocations for child care.

Section A. - EXPENDITURES/ALLOCATIONS: planned changes in child care allocations, in dollars, and percentage of total social service allocations for 74-75 and 75-76.

Col. 1 - TITLE IV-A CHILD CARE DOLLARS: total allocations/expenditures for child care (federal, state and local shares combined), under Title IV-A, FY 74-75.

Col. 2 - PERCENTAGE: child care allocations/expenditures for FY 74-75 as a percentage of the total social service allocations/expenditures for that same year.

Col. 3 - TITLE XX DOLLARS: total allocation for child care (federal, state and local shares combined) for FY 75-76. Figures from the CASP plan were annualized, based on the following rules:

Figures in 21 month plans were divided by 1.75,
Figures in 9 month plans were multiplied by 1.33 unless specifically counter-indicated (i.e., if respondents indicated that they were 12 month figures, or if annualizing the figures produced an unrealistic social services total, compared with the ceiling),
Figures in 12 month plan were retained as shown.

Col. 4 - PERCENTAGE: child care allocations for FY 75-76 as a percentage of the total annualized social services allocation for the same year.

Section B. - ELEMENTS INCLUDE: the child care allocation, as shown in the Title XX (CASP) plan. Each pair of columns is mutually exclusive, as follows:

Either Col. 5 or Col. 6: Col. 5 is checked if the planned day care allocation encompasses both adults and children and there was no means of separating the two; Col. 6 is checked if the figure used in Col. 3 represents child day care only.

Col. 7 or Col. 8: Col. 7 is checked if the child care allocation includes services to handicapped children or other treatment services as well as to normal children; Col. 8 is checked if there is no specific statement indicating that handicapped children are included.

Col. 9 or Col. 10: Col. 9 is checked if child day care services include the provision of I & R, counseling or other indirect, child-care-related service; Col. 10 is checked if the Title XX allocation is earmarked exclusively for the direct provision of care.

TABLE III: Planned Changes in Dollar Allocations

	A. EXPENDITURES/ ALLOCATIONS				B. ELEMENTS INCLUDE:					
	1 74-75 Title IV-A CC Dollars (In Millions)	2 Percent of SS funds Allocated to CC (74-75	3 75-76 Title XX CC Dollars (Annualized)	4 Percent of SS funds Allocated to CC (75-76)	5 Adult/Child	6 Child Only	7 Normal & Handicapped	8 Normal Only	9 Direct & Indirect	10 Direct Only
TOTAL	577.68	20.743%	755.34	22.41%	4	47	14	36	31	18
Alabama	8.4	28	16.5	29		X		X	X	
Alaska	1.1	9	1.3	11		X	X		X	
Arizona	3.5	Unk	5.5	49		X		X	X	
Arkansas	2.9	30	11.4	42	X		X		X	
California	62.5	21	62.5	18		X		X	X	
Colorado	6.2	14	7.7	20		X	X			X
Connecticut	8.9	13	10.8	17	X		X		X	
D.C.	2.3	19	2.9	21		X		X		X
Delaware	3.7	54	3.7	55		X		X		X
Florida	10.9	9	18.9	9		X		X	X	
Georgia	15.0	30	17.8	23		X	X		X	
Hawaii	2.9	24	4.0	30		X		X	X	
Idaho	.3	2	.6	4		X	X		X	
Illinois	41.0	Unk	43.1	29		X		X	X	
Indiana	2.6	30	6.2	15		X		X		X
Iowa	Unk	Unk	2.5	5		X		X		X
Kansas	3.5	Unk	7.0	53		X		X		X
Kentucky	2.3	5	3.3	6		X		X		X
Louisiana	Unk	Unk	12.7	22		X		X	X	
Maine	2.5	15	2.5	15		X		X		X
Maryland	8.8	27	12.4	24		X	X			X
Massachusetts	21.6	28	21.6	23		X	X			X
Michigan	26.8	24	41.3	29		X		X	X	
Minnesota	Unk	Unk	8.0	13		X		X	X	
Mississippi	2.7	16	6.0	47		X	X			X
Missouri	6.9	23	12.4	20		X		X	X	
Montana	.74	9	1.7	15		X		X		X
Nebraska	4.6	29	5.2	32		X		X	X	
Nevada	.17	4	.22	3		X		X	X	
New Hampshire	2.2	25	4.0	33	X			X		X
New Jersey	11.3	37	37.8	33		X	X		X	
New Mexico	2.7	Unk	4.2	30		X		X	X	
New York	120.3	44	159.0	55		X		X	X	
No. Carolina	9.6	Unk	15.8	23		X		X		X
North Dakota	.13	2	.27	3		X		X		X
Ohio	15.3	14	19.2	15		X	X		X	X
Oklahoma	7.7	20	8.4	20		X		X	Unk	
Oregon	11.6	19	9.0	13		X		X	X	
Pennsylvania	58.5	31	57.7	31		X		X	X	
Rhode Island	1.2	Unk	1.9	16		X		X		
So. Carolina	3.0	13	7.6	17		X		X	X	
South Dakota	1.0	Unk	1.5	14		X		X		X
Tennessee	10.9	37	5.7*	12	X			X		X
Texas	20.0	16	30.7	17		X	X		X	
Utah	1.4	15	2.4	17		X		X	X	
Vermont	2.0	30	2.3	31		X		X	X	
Virginia	7.4	Unk	12.2	14		X	Unk		Unk	
Washington	6.7	12	8.1	15		X	X		X	
West Virginia	3.7	18	7.2	24		X	X		X	
Wisconsin	8.1	13	9.9	12		X		X	X	
Wyoming	.14	Unk	.75	19		X		X	X	

* Represents an erroneous figure cited in Title XX Plan. Estimated expenditures for the first Title XX program year were in excess of eighteen million dollars.

TABLE IV: Planned Changes in Number & Organization

Table IV displays two categories of planned changes: planned changes in the numbers to be served and planned organizational changes.

Section A. - PLANNED CHANGES IN NUMBER TO BE SERVED: portrays the planned changes in total numbers to be served, by comparing the totals for 74-75 with the projected totals for 75-76.

Col. 1 - TOTAL NUMBER SERVED 74-75: the actual number of children served during FY 74-75, as reported by respondents. Figures may derive from differing bases, depending on the state's reporting system; i.e., while most reflect the number served at one point in time, it is apparent that others are based on cumulative (duplicated) totals. An attempt was made to clarify the base for each figure, but there was insufficient information available.

Col. 2 - TOTAL NUMBER TO BE SERVED 75-76: the total number of children to be served, as shown in the CASP plan.

Col. 3 - BASE (PROGRAM YEAR, IN MONTHS): specifies the length of the CASP program year.

Section B. - PLANNED ORGANIZATION CHANGES: specifies the presence or absence of planned organization changes deriving from the Title XX planning process.

TABLE IV: Planned Changes in Numbers & Organization

	A. PLANNED CHANGES IN NUMBER TO BE SERVED			B.
	1 Total Number Served 74-75	2 Total Number to be Served 75-76 (from CASP plan)	3 Base (Program year in months)	Planned Organizational Changes
	531,580	877,236		
Alabama	4,771+	9,727	12	Yes
Alaska	289	530	9	No
Arizona	6,281+	9,800	9	No
Arkansas	4,436	5,848	9	Yes
California	54,233	55,440	9	No
Colorado	9,822	9,660	9	Yes
Connecticut	9,176	7,360	9	No
D.C.	2,830	3,175	12	No
Delaware	2,270	2,350	9	No
Florida	11,768+	12,660	9	Unk
Georgia	11,785+	12,000	12	No
Hawaii	13,668*	4,853	21	No
Idaho	432**	974	9	No
Illinois	30,497	179,000	21	No
Indiana	4,684	4,050	21	Yes
Iowa	3,648	7,820	9	Yes
Kansas	4,747	4,747	9	No
Kentucky	2,181	2,350	9	No
Louisiana	5,840	22,311	21	Unk
Maine	1,895	2,100	21	No
Maryland	5,839+	5,875	9	No
Massachusetts	25,885+	19,545	9	Yes
Michigan	69,653	44,600	12	Yes
Minnesota	33,013	31,095	12	No
Mississippi	1,818	Unk	9	No
Missouri	12,351	Unk	9	No
Montana	4,831*	3,974	21	No
Nebraska	5,705	8,400	9	Yes
Nevada	2,736	2,561	21	Yes
New Hampshire	Unk	2,341	9	Yes
New Jersey	25,156	33,000	9	Yes
New Mexico	3,540	3,915	12	Yes
New York	Unk	75,000	12	Yes
No. Carolina	Unk	36,411	9	Yes
North Dakota	Unk	515	21	Yes
Ohio	Unk	61,058	9	No
Oklahoma	11,159**	42,404	21	Yes
Oregon	4,745	5,065	21	No
Pennsylvania	19,433	19,868	12	No
Rhode Island	1,633	2,060	9	No
So. Carolina	6,591	3,589***	9	No
South Dakota	5,966*	2,917	12	No
Tennessee	51,022	44,428	9	No
Texas	22,325	21,627	12	No
Utah	1,355	4,000 est.	9	Yes
Vermont	2,242	2,015	12	Yes
Virginia	12,474	17,600	9	Yes
Washington	10,822	13,051	9	Yes
West Virginia	5,101	7,567	9	Yes
Wisconsin	Unk	Unk	9	No
Wyoming	932+**	6,000	9	No

* Duplicated counts (known, or strongly indicated).

** One-month figure.

*** State personnel report that the plan figure is incorrect.

PLANNING

Narrative Summary

In Table I, we displayed the organizational provisions for on-going planning and for Title XX planning. In 38 states, on-going planning was undertaken as one of the multiple functions performed by the social services agency and it consisted primarily of planning for budgetary allocations and for on-going operational functions. Sixteen states had identifiable units specifically charged with on-going planning responsibility. There were four states which reported both forms and one state which specified neither.

There were few major organizational shifts undertaken to implement the Title XX planning process, although there was some increase in personnel involved in the planning effort. In most of the states, social services agency staff continued to have primary responsibility for planning, as they had previously; the major change was the frequent designation of enlarged planning task forces within the agency. In the states with special planning units, all but four of these units either assumed responsibility for, or participated in, the Title XX planning. Only seven states created special planning units for the purpose of undertaking Title XX planning.

Other groups involved in Title XX planning included child care staff (18 states), representatives of other agencies (eight states) and advisory committees (15 states). The process itself was variously described as unchanged, more systematic, more comprehensive, less organized, or more demanding than prior planning. Considerable concern was expressed about the time pressures involved.

The product of the planning effort is shown in the remaining charts.

In Table II, it is apparent that all states specified the total numbers to be served, and the total dollars to be allocated; all defined the populations to be served and virtually all defined

the geographic areas to be served; and, in both of these instances, the definitions were generally accompanied by numerical specifications as well. Within the designation of population categories, priority groupings were designated by 22 states and seven of these were quantified as well.

Specification with regard to provider type and provider attributes was much more limited: thus, while the provider type was defined by 23 states, only six assigned particular numbers to provider types; and very few defined and/or quantified provider attributes. The virtual absence of quantification with reference to providers suggests that the planning process was not seen primarily as a basis for stimulating the development of specific provider types, but, rather, as a means of delineating funding requirements to underwrite the cost of care for specified populations, in designated geographic areas.

Comparative information on dollars, percentages of social service allocations, and numbers served--for 74-75 and 75-76--is included (Tables III and IV) as a means of showing the real changes which were proposed by states as a result of their planning processes. Examination of this information reveals a number of important relationships, as follows:

Title XX dollar amounts allocated to child care increased in 40 states (85% of the states where information for the two years was available) with increases ranging from 5% to 138% of the previous dollar allocation. The allocation stayed the same in four of the states, generally where the ceiling had been reached in the previous year. Only two states planned decreases in Title XX child care allocations and both of these planned to serve more children, using additional funds from other sources.

Despite the significant dollar increases, however, it was found that the percentage of social service funds allocated to child care went up more than 5 percentage points

in only eight of the 40 states. This suggests that the dollar increase does not so must represent an increase in the relative importance attached to child care services but rather an increase in over-all social service funds and a proportionate increase in the child care dollar allocation.

The percentage of all social service funds allocated to child care is an important indicator of the priority which the state accords to this service. Here, we see that the ranges are very wide: in 74-75, the percentage of social service funds allocated to child care ranged from 2% (in Idaho and North Dakota) to 54% (in Delaware). The mean percentage allocated to child care was 20.7% based on the 39 states for which we have figures. In 75-76, the projected range is from 3% (in Nevada and North Dakota) to 55% (in Delaware) and the mean is 22.4% indicating that child care has moved up very slightly as a priority service.

An important finding relative to interpreting the fiscal information contained within the Title XX plans is the disparity in elements included under the general heading of "child care allocation". Thus, while it was possible to specifically isolate the child day care expenditures in 47 plans, there were four plans where adult and child day care were included as a single item and no separation could be made: more significantly, 14 states included day care treatment for handicapped children with child day care for normal children, whereas 36 separated these two services; and, perhaps most significantly, 31 states included such indirect, child care related, services as counseling and I & R with their direct child care services, while 20 did not. Clearly, this leads to an "apples and oranges" situation and guidance with regard to the elements to be included under the child day care service category contained in CASP plans is essential if the government intends to secure comparable information from these plans.

Table IV portrays the planned changes in number of children to be served. There are several constraints involved in the interpretation of this chart: first, six states could not provide a total number served in 74-75 and a number of others had difficulty in providing a precise, unduplicated count for that year; and second, the base year covered by the Title XX plan varies form 9 to 21 months, and we were frequently unable to ascertain whether or not the number of children to be served was adjusted to account for this fact (hence, the unadjusted number shown in the plan is recorded, together with the length of the program year). The very existence of these constraints sheds some light on the planning problems encountered; e.g., difficulty in obtaining an accurate, unduplicated count for a previous year would tend to invalidate reliance on in-house reports for planning purposes. Further, the magnitude of some figures projected for 75-76 (up to an increase of 500%), together with the lack of specificity about the period covered, suggests that projected figures may be hopeful estimates, rather than precise projections. Despite these concerns, the vast majority of the figures for the two years show a reasonable correspondence to each other, i.e., they are either similar or there is an increase in numbers which is matched by a roughly proportionate increase in dollars.

The ultimate determination of the adequacy of the planning process and of the accuracy of the projections produced in the course of planning rests upon a year-end analysis of the extent to which actual numbers served and dollars spent correspond with those which are projected.

At this point, it is only possible to state that all states did make organizational provision for planning; they all succeeded in developing plans which specified the populations to be served and the amount of money to be allocated (although there was less planning attention paid to the nature of the services to be provided); and the majority of planned increases appear to be reasonable.

As noted in the previous section, increased input from the needs assessment process is strongly

indicated. Further, there is need for more clearly defining the elements to be included in the CASP plan child care services category. And, finally, follow-up is needed to determine the accuracy of the projections and the extent to which the plan impacted upon the population served and the services provided.

EVALUATION

For purposes of the present study, evaluation was defined as the systematic measurement of the extent to which specific objectives have been achieved. While the terms "evaluation" and "monitoring" are frequently used interchangeably in practice, we have attempted to make a clear distinction between the two. Thus, monitoring was characterized as "the periodic surveillance of providers to assess the extent to which their on-going practice is in compliance with the regulations governing those practices." Observational studies of providers were, therefore, generally reported in the monitoring section even where they were characterized by respondents as evaluations.

To qualify as an evaluation, it was stipulated that a study must include:

a) a clear statement of objectives;

b) development of appropriate instruments;

c) adequate data collection strategies (including sampling methods, as needed); and

d) data analysis and preparation of a report.

Using this rigorous definition of evaluation, it was found that 27 of the states had failed to meet any of the criteria established for evaluation studies. Of the 24 states which did

report at least some evaluation activities, 11 states appear to have undertaken limited evaluations while nine states and one region (including four states) have performed, or are in the process of conducting, more extensive studies.

In interpreting this finding, however, it should be emphasized that our data did not permit a rigorous classification of the states by the level of their evaluation efforts. Because of this limitation and the diversity of the evaluations reported, as well as the low frequency of states that reported evaluation studies, it was decided that a summary of the evaluation activities which have been undertaken would be presented in narrative, rather than chart, form.

Findings:

Of the 27 states that failed to substantially meet any of the criteria established for evaluation studies:

7 indicated that they are considering, planning, or have proposed studies for the future.

2 stated that they are expecting their computerized data systems to yield information which will have applicability to subsequent evaluations.

Of the 11 states that partially met one or more of the criteria established for evaluation studies:

3 are conducting or have conducted county or local level evaluations, as follows:

Missouri: An evaluative review was conducted of three counties' social service programs in the areas of administration, staff capability, direct services, and community development.

New York: An evaluation of the impact of day care on facilitating employment in New York City is being conducted.

Wisconsin: One county has undertaken an evaluation project using a Day Care Evaluation Manual produced by the Council for Community Services.

2 have conducted evaluations pertaining to contracted services. These include:

Maine: An evaluation of client satisfaction with all contract services was conducted by a private firm. The study was based on client interviews as well as a survey of agencies providing services.

Massachussets: A limited evaluation of contracted providers was undertaken utilizing an observation guide.

2 are conducting evaluations pertaining to the impact of different mechanisms for regulating child care facilities. These include:

Michigan: A demonstration project is currently underway to evaluate whether registration of family day care homes is a more effective, efficient, and economical type of regulatory method than licensing. The study is being conducted in six selected counties including counties utilizing registration and counties utilizing licensing.

Pennsylvania: A child impact study is being conducted, comparing children enrolled in a facility meeting all state standards with children in a substandard facility.

2 are conducting studies which result from or seem to be a part of the monitoring effort. These include:

Connecticut: Approximately 50% of the directly operated centers have been evaluated in relation to developmental goals, teacher characteristics and behavior, curriculum, and classroom organization. A structured observation guide was used.

Hawaii: Data resulting from a monitoring instrument has been useful in evaluating centers, including the number and percentage of children receiving day care out of total requests, average time between request and service delivery, and program impact upon child development.

2 are conducting or have conducted evaluations of special projects. These include:

Nevada: As part of a project to provide day care for young mothers wishing to finish high school, an impact evaluation was conducted with selected program participants.

Rhode Island: A ten-part training program for family day care providers is in the process of being evaluated by a doctoral candidate.

The nine states and one region (including four states) which appear to have performed or are in the process of conducting the most extensive studies include:

Arizona: A study was undertaken to identify the extent to which state policies were

being followed, the extent to which agency performance meets the standards of the Child Welfare League of America, and whether the state provides services in accordance with federal regulations -- based on day care home case records and day care children's case records.

California: Approximately 28 state level, child care-related evaluations have been conducted. The most recent study provided an assessment of child care management operations and was intended to provide a comprehensive basis for subsequent planning efforts. The study resulted in the identification of management problem areas and the specification of exemplary practices. In addition, many counties have undertaken day care evaluations.

Florida: A study was conducted to assess the extent to which Title IV-A day care had enabled parents to become self-sufficient, was meeting community need for subsidized day care, was providing quality day care, and was affected by existing day care regulations. Interviews were conducted with administrators and a sample of providers and clients utilizing a survey questionnaire.

Illinois: Visits are being made to centers to identify program strengths and weaknesses utilizing questionnaires and observation checklists. There is also an ongoing evaluation of the licensing function and the regulation of day care facilities. This study includes a random sample of 2000 providers, 230 day care center workers, and almost 1300 parents. In addition, there is an ongoing organizational evaluation being conducted and other evaluations are being planned.

Kansas: The state has undertaken an effort to evaluate FFP centers and homes in conjunction with the state monitoring effort. The evaluation effort utilizes three instruments: a parent questionnaire, a staff questionnaire, and a board questionnaire. Currently, reports are prepared for each provider evaluated. Eventually, the state anticipates aggregating this data into a comprehensive, statewide report.

Maryland: An evaluation was conducted by a private firm to assess the effectiveness of child day care in achieving client goals, child care costs, and management functions. The study utilized an evaluation questionnaire and process information provided by centers and family home providers. The study results were reported to have been used in reducing costs in publicly sponsored centers and revealed needs for training and technical assistance.

North Carolina: The Office for Children is currently in the second year of a longitudinal study to determine how children in ARC-funded facilities compare on norms established on the McCarthy Scales for children's abilities. The Division of Social Services also participated in the seven-state Donner Project. Other studies are being planned.

Texas: An impact evaluation was conducted to assess the effects of closing two day care centers on the employment of parents. Interviews were conducted with a sample of parents with interview content left up to staff interviewers. A second study was also performed to determine compliance of contract providers and the quality of services delivered.

West Virginia: Two evaluations are being conducted of a training program designed to improve the quality of home-based care. The first study is designed to assess the degree to which the training project is meeting its outcome-objectives based on observation and self-report forms. The second study, being conducted by a consulting firm, is designed to assess impact on the use of day care and the reasonableness of cost.

Alaska, Idaho, Oregon, and Washington are participating in a multi-state, region-wide evaluation study, being performed by a consulting firm under contract with the Region X office of HEW. The study is aimed at evaluating the quality of federally-supported day care and the level of compliance with FIDCR. The study is utilizing a monitoring guide as well as self-evaluation instruments.

INFORMATION AND REFERRAL

Definition

Information and referral services may be defined as the constellation of activities required to collect and disseminate information about existing resources so as to enable clients to locate and secure needed services.

The specific activities generally associated with information and referral service include:

- Gathering, compiling and regularly up-dating information on existing resources/ services. The information gathered can be no more than a listing of names and addresses of service providers or it can be comprehensively descriptive of the nature and availability of services.

- Dissemination of information. This may include dissemination of information to the general public via media announcements and other outreach methods, dissemination of information to other agency personnel providing information and referral services, and direct dissemination of information to potential consumers. The direct provision of information to consumers generally entails a brief assessment (at least to the extent of inquiring about the type of service needed) and the provision of a listing of service providers. While this activity may be construed as the referral portion of information and referral services, we are reserving the term referral for the more substantive activity described below.

- Referral. This is the process whereby clients are actively aided in locating and securing needed services. It is based on an assessment of the client's service needs and involves the client's active participation in the selection process.

- Follow-up to ensure that services are secured. This activity is closely associated with the referral process and is rarely performed in situations where the major activity is the dissemination of information.

The activities described above may be performed by an agency that has information and referral as a specific recognized function (herein characterized as an Information and Referral Program), or they may be performed by workers who have other primary responsibilities but who also provide information and referral services to their clients, as needed. In formulating the objective and criteria enumerated below, we have interpreted information and referral as a sub-system (rather than a discrete program), comprised of the activities delineated above and directed toward eligible clients in need of child day care services.

Objective

To ensure that all eligible families have access to needed child care services.

Criteria

1. A system has been developed for securing, recording and updating information about available child care resources, including:

   a. Name and location of facilities;

   b. Types of care;

c. Hours service is offered;

d. Ages of children to be served;

e. Cost of care;

f. Up-to-date information on availability.

2. There is programmatic provision for dissemination of information to all staff persons engaged in making referrals to child care facilities and to potential clients through:

   a. An Information and Referral Program and/or regular agency staff who perform information and referral services;

   b. Outreach activities.

3. Referrals are made to appropriate services, based on:

   a. An assessment of need;

   b. Parental participation in the selection process.

4. There is regular follow-up to ensure that appropriate services have been secured by clients in need.

Areas of Investigation

Based on the criteria, the areas for investigation were outlined for the guidance of field analysts in conducting personal interviews at the state and local levels. The following is abstracted from the Tppic Guide section on Information and Referral.

INFORMATION AND REFERRAL

1. List all agencies and/or personnel involved in providing Information and Referral services and identify the dominant.

2. If there's an Information and Referral Program which includes child care, please describe and indicate whether it is statewide or local.

3. Describe in detail the process which is used in assembling information about services.

   Specify, for each provider type, whether it is:

   a. Systematized

   b. Regularly updated

   c. Inclusive of the following information:

      Ages of children

      Hours service is provided

      Cost of care

      Availability (whether actual openings exist)

      Identifying information (name, location, etc.)

4. Describe how the information is disseminated to clients and/or agencies.

5. Specify the factors included in assessing client need for child care.

6. Describe the role of the parent in the information and referral process.

7. Describe the sequence of events in making a referral after the assessment process is completed.

8. Describe the nature and frequency of follow-up activities.

9. Secure the following data:

   a. Total number of clients seeking referral to all social services;

   b. Total number seeking referral to child care services;

   c. Total number of clients actively assisted;

   d. Total number securing their own services; and

   e. Total number unable to secure services.

Responses secured in the course of these interviews were recorded and submitted for state review. The key findings in each area were then tabulated on a cross-site basis and the resultant data is presented in the section which follows.

TABLE I: Compilation of Information (Including Frequency of Up-dates and Content, by Provider Type)

Table I details the frequency and content of information compiled on available child care resources, by the major provider types.

Section A. - CENTERS: including public and private centers, and group day care homes, where these are treated as centers.

Col. 1 - FREQUENCY: the intervals at which information is regularly up-dated.

Col. 2 - AGES: compiled information includes the ages of children accepted by the facility.

Col. 3 - HOURS: compiled information specifies the hours during which the facility is open.

Col. 4 - RATES: compiled information includes the amount of the charge for service.

Col. 5 - AVAILABILITY: the up-dated information is specific about the number of slots, and particularly the open slots, available at the facility.

Section B - FDCH's: family day care homes, including group day care homes, where these are treated by the state as family day care homes.

Col. 1 through 5 as defined above.

Section C - IN-HOME: providers caring for, or available to care for, children in the child's own home.

Col. 1 through 5 as defined above.

TABLE I: Compilation of Information (Including Frequency of Up-dates and Content, by Provider Type)

	A. CENTERS					B. FDCH's					C. IN-HOME				
		CONTENT					CONTENT					CONTENT			
	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
	Frequency	Ages	Hours	Rates	Availability	Frequency	Ages	Hours	Rates	Availability	Frequency	Ages	Hours	Rates	Availability
TOTAL		45	38	29	26		39	32	23	24		14	12	10	11
Alabama	Annual	X	X	X	X	Annual	X	X	X	X					
Alaska	Quarterly	X				Quarterly	X								
Arizona	Annual	X	X	X	X	Annual	X	X	X	X					
Arkansas	Monthly	X	X			Monthly	X				Monthly	X			
California	Mo.-Ann.*	X	X	X	X	Mo.-Ann.	X	X	X	X					
Colorado	Mo.-Quart.*	X				Unknown	X								
Connecticut	Monthly	X	X	X	X	Monthly	X			X					
D.C.	Quarterly	X		X	X	Quarterly	X		X	X					
Delaware	Monthly	X	X	X	X	Daily	X	X	X	X					
Florida	Periodically	X	X	X		Periodically	X	X	X						
Georgia	Periodically	X				Varies by Co.					Varies by Co.				
Hawaii	Annual	X	X	X		NONE									
Idaho	NONE					NONE									
Illinois	Mo.-Ann.*	X	X			Mo.-Ann.*	X	X			Varies by Worker				
Indiana	Annual	X	X	X	X	Varies by Co.					Varies by Co.				
Iowa	Annual	X				Annual									
Kansas	Quarterly		X	X	X	Quarterly		X	X	X					
Kentucky	Monthly	X				NONE									
Louisiana	As Needed	X	X	X	X	As Needed	X	X	X	X					
Maine	Semi-Annual	X	X	X		Semi-Annual	X	X	X						
Maryland	Semi-Annual	X	X	X	X	Weekly	X	X	X	X		X	X	X	X
Massachusetts	Continuously	X	X	X		Continuously	X	X	X						
Michigan	Continuously	X	X	X		Continuously	X	X	X		Continuously	X	X	X	
Minnesota	Monthly*	X	X	X	X	Monthly*	X	X	X	X	Varies by Co.				
Mississippi	NONE					NONE									
Missouri	Continuously	X	X		X	Continuously	X	X		X	Continuously	X	X		X
Montana	Annual	X	X	X	X	Annual	X	X	X	X					
Nebraska	Varies by Co.	X	X	X		Varies by Co.	X	X							
Nevada	Mo.-Ann.*	X	X		X	Mo.-Ann.*	X	X		X	Sporadic				X
New Hampshire	Annual	X	X	X		Annual	X	X	X		Annual	X	X	X	
New Jersey	As Needed	X			X	As Needed	X			X	As Needed	X			X
New Mexico	Monthly	X	X		X	Monthly	X	X		X	Monthly	X	X		X
New York	Varies by Co.	X	X	X	X	Varies by Co.	X	X	X	X	Varies by Co.	X	X	X	X
No. Carolina	Semi-Ann.	X	X			Semi-Ann.	X	X			Varies by Co.				
North Dakota	Monthly	X		X		Monthly	X		X		Monthly	X	X	X	
Ohio	Monthly	X	X	X	X	Varies by Co.					Varies by Co.				
Oklahoma	Quarterly					Monthly	X	X			Quarterly				
Oregon	Continuously	X	X	X	X	Continuously	X	X	X	X					
Pennsylvania	Semi-Annual					Semi-Annual									
Rhode Island	Sporadic	X	X	X	X	Sporadic	X	X	X	X	Sporadic	X	X	X	X
So. Carolina	Mo.-Quart.	X	X	X	X	Annual	X	X	X	X	Annual			X	X
South Dakota	As Needed	X	X		X	As Needed	X	X		X	As Needed	X	X		X
Tennessee	Every 4 Mos.	X	X	X	X	Every 4 Mos.	X	X	X	X	Every 4 Mos.			X	
Texas	Semi-Annual	X	X			Semi-Annual	X								
Utah	Sporadic	X	X			Sporadic	X	X							
Vermont	Monthly	X	X			Monthly	X	X			Monthly	X	X		
Virginia	Varies by Dist.	X	X	X	X	Varies by Dist.	X	X	X	X	Varies by Dist.	X	X	X	X
Washington	Monthly	X	X	X		NONE									
West Virginia	Quarterly	Varies				NONE									
Wisconsin	Continuously	X	X	X	X	Continuously	X	X	X	X	Continuously	X	X	X	X
Wyoming	Semi-Annual	X	X		X	Semi-Annual	X	X		X					

* Varies by local jurisdiction or by agency.

TABLE II: Programmatic Provision for Disseminating Information

Table II portrays the programmatic provision for disseminating information about resources to potential consumers.

Section A. - DESIGNATED I & R PROGRAM: this section is to be utilized only where there is an agency or unit which has been specifically designated to provide information and referral services (for all or any social service) as its primary function.

Col. 1 - STATE: a designated I & R Program operates statewide. A differentiation is made, internal to the column, to show whether the program is provided directly by the agency (A) or is a contracted service (C).

Col. 2 - LOCAL: there are one or more localities with I & R Programs, either provided by the agency (A) or contracted (C)

Section B. - PRIMARY PROVIDERS OF I & R SERVICES: specification of the agencies/workers providing child day care information and/or referral services. A double check (xx) is used to identify the dominant providers.

Col. 3 - I & R PROGRAM: I & R program, as defined in Section A, is directly involved in providing I & R services relative to child day care.

Col. 4 - IM WORKERS: income maintenance workers.

Col. 5 - WIN WORKERS: workers in the Work Incentive Program - Separate Administrative Unit.

Col. 6 - SOCIAL SERVICE WORKERS: social service workers including, but not limited to, day care specialists.

Col. 7 - LICENSING WORKERS:

Col. 8 - VOLUNTARY AGENCY: 4-C's, Volunteer Bureaus, and similar agencies with multiple functions, including I & R (as distinguished from agencies established especially for I & R).

Section C. - OUTREACH ACTIVITIES: activities conducted to inform potential users of the existence and availability of child day care resources, including:

Col. 9 - FLYERS, POSTERS:

Col. 10 - MEDIA: Newspaper ads, articles, TV spots, radio.

Col. 11 - WORD-OF-MOUTH:

Col. 12 - NONE: No outreach activities undertaken.

TABLE II: Programmatic Provision for Disseminating Information

	A. DESIGNATED I & R PROGRAM				B. PRIMARY PROVIDERS OF INFORMATION & REFERRAL SERVICES						C. OUTREACH ACTIVITIES			
	1		2		3	4	5	6	7	8	9	10	11	12
	State		Local		I & R Program	IM Workers	WIN Workers	Social Service Workers (Including Day Care)	Licensing Workers	Voluntary Agency	Flyers, Posters	Media	Word-of-Mouth	None
	Agency	Contracted	Agency	Contracted										
TOTAL	7	7	18	4	26	24	32	45	7	18	20	24	41	7
Alabama							X	XX			X	X	X	
Alaska							X	XX			X	X	X	
Arizona		X			X	X	X	X		X		X	X	
Arkansas						X	X	XX		X		X	X	
California				X	X		X	X		X	X	X	X	
Colorado								XX			X	X		
Connecticut						X	X	XX			X	X	X	
D.C.						X	X	XX		X	X		X	
Delaware						X	X	X		X				X
Florida	X				X			XX			X	X	X	
Georgia		X			X		XX	XX	X	X		X	X	
Hawaii		X			X		XX	XX						X
Idaho					X		X	XX						X
Illinois			X			X	X	X					X	
Indiana			X			X	X						X	
Iowa								XX			X		X	
Kansas						X	X	X		X			X	
Kentucky				X	X		X	XX	X			X	X	
Louisiana						X	X	XX					X	
Maine	X				X						X	X	X	
Maryland	X		X			X		XX			X	X	X	
Massachusetts			X		X		X	X					X	
Michigan	X		X		X	X		X	X				X	
Minnesota			X		Varies by County						X		X	
Mississippi					NONE									X
Missouri			X		X	X	X	XX		XX			X	
Montana						X	XX	XX		X	X	X	X	
Nebraska								XX				X	X	
Nevada							X	XX					X	
New Hampshire		X	X		XX			XX			X	X	X	
New Jersey			X		X	X	X	X		X	X		X	
New Mexico			X		X			X			X			
New York				X	X	X	X	XX	X	X		X	X	
No. Carolina	X				X			X				X	X	
North Dakota			X		X			XX		X				X
Ohio			X	X	X	X								X
Oklahoma						X	X	XX	XX	X	X	X	X	
Oregon					X		XX	X		X	X		X	
Pennsylvania								X						X
Rhode Island		X			XX	XX	X	X			X			
So. Carolina	X		X		X	XX	XX	XX		X		X	X	
South Dakota		X			XX	X	XX	XX		X		X	X	
Tennessee			X		XX			XX					X	
Texas							X	X				X	X	
Utah						X	X	XX		X		X	X	
Vermont							X	XX	X				X	
Virginia			X		XX	X		XX		X			X	
Washington			X		X		X	XX					X	
West Virginia						X	X	XX				X	X	
Wisconsin			X			X		XX	X		X		X	
Wyoming	X	X	X		XX						X	X	X	

TABLE III: Referral Process and Follow-Up

Table III addresses one aspect of the referral process (i.e., the respective roles of workers and parents in the actual selection of providers) and the follow-up activities undertaken.

Section A. - PRIMARY SELECTOR: specifies who makes the decision about the particular service provider to be utilized by a given client.

Col. 1 - WORKERS: the worker (as specified in Table II) has primary responsibility for selecting the service provider.

Col. 2 - PARENTS: the decision with regard to the service provider is left almost entirely to the parents, generally based on information provided by the worker.

Col. 3 - BOTH: workers and parents share equally in selecting a service provider.

Section B. - FOLLOW-UP: activities engaged in by the referring worker to determine whether services have been secured and/or whether they are satisfactory, including:

Col. 4 - SYSTEMATIC VISITS: visits to providers or clients, conducted within a reasonable period after referral, as a regular practice.

Col. 5 - SYSTEMATIC PHONE CALLS: calls to providers or clients, conducted within a reasonable period after referral, as a regular practice.

Col. 6 - SPORADIC FOLLOW-UP: visits or calls to providers or clients, conducted on an as-needed or irregular basis.

Col. 7 - NONE: the process ends when the referral is made and there is no follow-up to determine whether the service was secured.

Col. 8 - OTHER: See footnotes.

TABLE III: Referral Process and Follow-Up

	A. PRIMARY SELECTOR			B. FOLLOW-UP				
	1	2	3	4	5	6	7	8
	Workers	Parent	Both	Systematic Visits	Systematic Phone Calls	Sporadic Follow-Up	None	Other
TOTAL	2	40	9	14	7	16	12	2
Alabama		X		X	X			
Alaska			X			X		
Arizona		X			X			
Arkansas		X				X		
California	X					X		
Colorado		X						
Connecticut		X		X*				
D.C.		X		X				
Delaware		X					X	
Florida		X					X	
Georgia	X						X	
Hawaii			X			X		
Idaho			X	X				
Illinois		X	X			X		
Indiana		X				X		
Iowa		X					X	
Kansas		X				X		
Kentucky			X				X	
Louisiana		X			X			
Maine		X				X		
Maryland		X			X	X		
Massachusetts			X				X	
Michigan		X			X			
Minnesota		X				X		
Mississippi		X					X	
Missouri		X		X	X			
Montana		X		X				
Nebraska		X		Varies by county				
Nevada		X				X		
New Hampshire		X					X	
New Jersey			X	X				
New Mexico		X					X	
New York		X		Varies by county				
No. Carolina		X		X				
North Dakota		X				X		
Ohio		X				X		
Oklahoma		X		X				
Oregon		X		X				
Pennsylvania		X		X				
Rhode Island		X		X				
So. Carolina			X		X			
South Dakota	Varies by County							X***
Tennessee		X					X	
Texas		X						X**
Utah		X		X				
Vermont			X				X	
Virginia		X				X		
Washington		X		X				
West Virginia		X					X	
Wisconsin		X				X		
Wyoming		X				X		

* WIN only.

** EDSTP Follow-up only.

*** Sign-off on agreement form.

TABLE IV: Results

Table IV shows the results of the referral and follow-up process, in numerical terms.

Section A. - DATA DESCRIPTION: identifies the source and nature of the information provided in Section B, as follows:

Col. 1 - SOURCE: data contained in Section B. was provided by:

S = State respondent, utilizing statewide figures.
L = Local respondent, utilizing figures from a single local jurisdiction.

Col. 2 - PERIOD: data contained in Section B. is based on a time period of:

Mo = One Month
Q = One quarter
Yr. = One year

Section B. - OUTCOME:

Col. 3 - NUMBER SEEKING: the number of persons requesting information or assistance in locating a child day care service provider.

Col. 4 - NUMBER ASSISTED: the number of clients actively assisted in locating/securing child care services.

Col. 5 - NUMBER SECURING OWN: the number of clients who found their own child care provider.

Col. 6 - NUMBER UNABLE TO SECURE: the number of clients who were unable to find a child care service provider, for whatever reason.

Col. 7 - INFORMATION UNAVAILABLE: no numerical information was provided for this section, due either to lack of data aggregation (at both the local and state levels) or lack of information deriving from absence of follow-up to determine outcome.

TABLE IV: Results

	A. DATA DESCRIPTION		B. OUTCOME				
	1 Source	2 Period	3 Number Seeking Child Care Referral	4 Number Assisted	5 Number Securing Own	6 Number Unable to Secure	7 Specific Child Care Information Unavailable
TOTAL							29
Alabama	L*	Q	400	265	100	35	
Alaska							X
Arizona							X
Arkansas							X
California	L	Q	276	270	3	3	
Colorado	L	Mo	250	UNK	UNK	UNK	
Connecticut							X
D.C.	S	Q	650	440	80	UNK	
Delaware	L	Q	150	140	10	0	
Florida							X
Georgia	S	Q	1,614	UNK	UNK	UNK	
Hawaii	L	Mo	65-75	50 (Est)	5	UNK	
Idaho	S	Mo	UNK	629	UNK	UNK	
Illinois							X
Indiana							X
Iowa	L	Mo	8	8	0	0	
Kansas							X
Kentucky							X
Louisiana							X
Maine							X
Maryland							X
Massachusetts	L	Q	160	160	0	0	
Michigan							X
Minnesota							X
Mississippi							X
Missouri	L	Q	160	60	60	40	
Montana	S	Q	2,100	1,350	UNK	UNK	
Nebraska	L*	Q	65	36	9	0	
Nevada							X
New Hampshire							X
New Jersey	L**	Mo	20	20	0	0	
New Mexico							X
New York							X
No. Carolina							X
North Dakota							X
Ohio							X
Oklahoma	S	Q	1,200	UNK	UNK	FEW	
Oregon							X
Pennsylvania							X
Rhode Island	S	Q	646	311	UNK	335	
So. Carolina	L	Mo	50	50	0	0	
South Dakota	L	Q	40	36		4	
Tennessee	L	Q	36	15	9	10	
Texas							X
Utah	L	Q	40	20	20	0	
Vermont	L	Q	90	58	30	2	
Virginia							X
Washington							X
West Virginia	L	Mo	355	355	UNK	UNK	
Wisconsin							X
Wyoming							X

* Total for 2 counties.
** Non-WIN figures only.

INFORMATION & REFERRAL

Narrative Summary

Gathering, compiling and regularly up-dating information on existing resources is the first requisite of a functioning information and referral system. Table I portrays the frequency and content of data compiled, by provider type. Looking first at centers, we see that the frequency with which data is compiled varies greatly from state to state, as follows:

- 5 report continuous up-dating of information.
- 15 compile resource information monthly (at least in some local jurisdictions and/or by one of several agencies involved)
- 5 compile information quarterly
- 6 compile information semi-annually
- 7 compile information annually
- 10 reportedly collect information on a variable basis (in 3 of these, the pattern varies by county, district or worker, and no frequencies were provided; in the remaining 7, data is collected on a sporadic or as-needed basis)
- 2 do not compile information.

The content of the information compiled varies in a similar fashion from state to state. Thus, all but two of the states collect information on name, address and provider type (because of this universality, the information is not recorded on the chart); 45 and 38 collect information on ages of children served and hours of service, respectively; 29 collect information on rates; and 26 on service availability.

Considered from the standpoint of the usefulness of the information as a basis for making referrals, we suggest that information on resources has high utility only if it is up-dated frequently (at least quarterly) and if it contains information on availability (i.e., the presence of open slots).

Viewed from this standpoint, we see that twenty-five states up-date information quarterly or more often, and that, of these, thirteen include information on availability.

The patterns are similar for family day care homes, although the incidence of states which do not compile data at all increases from two to six. Four states compile information more frequently for homes than for centers and two states up-date this information less frequently. Altogether, twenty states up-date information on family day care homes quarterly and more often, and twelve of these include information on availability.

For in-home care, twenty-seven states report no compilation of information. The twenty-four states that do compile information on in-home providers follow a pattern of frequency and content very similar to that reported for other provider types in those same states.

As noted in the introduction to this section, a distinction was made between Information and Referral programs (specifically developed for this purpose) and information and referral services, provided by a variety of workers as part of their on-going, varied activities. Table II identifies the states and/or localities with specifically-designated Information and Referral programs. Thus, thirteen states have state-level Information and Referral programs, half operated by the state agency and half operating as a contracted service. The incidence of local Information and Referral programs is somewhat greater (with twenty-one such programs being reported), and the vast majority of these (18) are agency-operated.

Workers providing information and referral services are distributed among a variety of worker classifications, as follows:

45 states identified social service workers, including day care specialists, as providers of information and referral services; and 31 identified this category of workers as the dominant provider of this service

32 states indicated that information and referral services were provided by WIN workers, with 6 "dominant" ratings

24 states identified income maintenance workers as providers of information and referral, although in most of these states, the social service workers are involved as well

26 states indicated that the state or local Information and Referral program played a role in referral, but only 6 states identified these programs as the (or one of the) major providers of this service

Voluntary agencies and licensing workers were named by 18 and 7 states, respectively, and one state accorded a "dominant" rating to a voluntary agency.

All but seven states reported that they engaged in outreach activities, with word-of-mouth being the dominant outreach method.

Table III shows that the primary selector of day care providers is the parent (in 40 states), followed in frequency by a joint process involving both the parent and the worker (in 9 states). This is thoroughly consistent with the criteria of parent participation in the selection process.

However, parent selection must be coupled with adequate follow-up if the information and referral subsystem is to fulfill its function of ensuring that

appropriate services have been secured by clients who are in need of such services. Unfortunately, the incidence of systematic follow-up is limited fourteen states use systematic visits; seven others use systematic phone follow-up; sixteen states do some sporadic follow-up; three follow-up in specialized situations only; and thirteen do no follow-up. There appears to be no correlation between the presence of a formal Information and Referral program and the extent of follow-up activities undertaken.

The general inadequacy of follow-up is substantiated by the information (or lack of information) displayed in Table IV. Thus, twenty-nine states could provide no specific information (at either the state or local level) on the number of child care requests, the numbers assisted in securing services, the numbers securing services on their own, or the number unable to secure services. Of the twenty-two states which could supply numbers, nine had only partial information. And again, there is no correlation between the existence of an Information and Referral program and the availability of information.

For the thirteen states with full information, this information was secured from local sites only, so that it would not be productive to attempt to make any general statements about findings, beyond noting that most applicants for child care services had been given some assistance.

In sum, the information and referral sub-system seems to be strongest in the area of securing and disseminating information and weakest in the area of follow-up. The securing of information could be further strengthened by some increase in the frequency with which information is compiled and with the corresponding addition of information on the availability of services. Most importantly, however, the sub-system would be strengthened by the implementation of systematic follow-up in all of the thirty states which do not now follow this practice.

DETERMINATION OF CLIENT ELIGIBILITY

Definition

The term eligibility, as used throughout this report, is specifically limited to eligibility for social services (as distinquished from eligibility for income maintenance). While a person may be eligible for social services as a consequence of being a recipient of public assistance, there are other bases for eligibility, as shown below. The process for determining whether or not a person is eligible for social services, including child day care, is therefore different (and generally separate) from the process for determining his/her eligibility for a public assistance grant.

The social services eligibility sub-system encompasses the delineation of categories of persons eligible to receive services and the processes utilized for determining and verifying their initial and continuing eligibility. Regulations governing the implementation of this sub-system are detailed in Title XX, including:

- The specification of categories of persons eligible for federally-supported services,as:

  Persons receiving financial assistance under AFDC or SSI;

  Persons whose needs were taken into account in determining the needs of AFDC recipients;

  Persons who are neglected or abused;

  Persons whose gross monthly income does not exceed 115% of the state's median income ("income eligibles").

While FFP (Federal Financial Participation) is limited to the categories enumerated above, states may exclude any of the allowable categories or set the percentage for income eligibles below the maximum established, if they wish.

- The delineation of processes for:

  Securing application

  Making the determination of eligibility (this activity may be performed by providers, under specific conditions, as well as by the agency)

  Verifying eligibility

  Informing clients of their right to appeal

  Re-determining eligibility

  Setting fees

Consistent with the requirements of Title XX, the objective and criteria for the sub-system on the determination of client eligibility were formulated as follows.

Objective

To ensure that all families utilizing federally-supported day care are eligible for these services.

Criteria

1. Explicit eligibility policies have been developed by the agency, with appropriate citizen input.

2. Definitions of populations to be served are consistent with federal regulations.

3. A specific methodology for determining client eligibility has been developed, incorporating the following components:

   a. Application forms developed and a procedure for completing the forms established (including designation of agencies/persons responsible for securing completed forms);

   b. A definition of required documentation, and a procedure for securing the documentation, has been established;

   c. A specific procedure for determining eligibility (or non-eligibility) has been established, including:

      Approval/non-approval within 30 days;

      An appeal procedure for persons determined to be ineligible.

   d. A specific time period and process have been delineated for re-determining eligibility at regular intervals.

Areas of Investigation

Based on the criteria, the areas for investigation were outlined for the guidance of field analysts in conducting personal interviews at the state and local levels. The following is abstracted from the Topic Guide section on Client Eligibility:

1. Explore all aspects of the policies and/or regulations which govern the definition of client eligibility, including:

   a. Who sets policies?

Areas of Investigation (cont.)

b. When policies were most recently revised

c. What the policies stipulate, in terms of:

Which categories of clients are eligible for service,

What special conditions must be met, and

Which categories are to be given priority

d. What materials are available to ensure uniform implementation of policies

2. Determine the nature of the application process, including:

a. The degree of standardization

b. Who has responsibility for securing completed application

3. Explore the actual process for making a determination that a given client is eligible or ineligible, including:

a. Who makes the determination

b. On what basis

c. By what process

d. Duration of process; i.e., the average time which elapses between initial application and the completed determination of eligibility; and the point in the process when the client may begin to receive services

4. Discuss all quality control procedures, including:

   a. What supportive documentation is required

   b. All follow-up procedures used in relation to eligibles (e.g., to ensure that they remain eligible and to make adjustment if their eligibility status changes)

   c. Frequency of re-determination process and whether or not this is done on a regularly-scheduled basis

5. Secure all numerical measures of volume, including:

   a. The total number of child care applications, as compared with the total number of all social service applications

   b. The total number of child care applicants who were found eligible

   c. The total ineligible, and

   d. The number of ineligibles filing an appeal (if this number is substantial, explore the process and results)

6. Determine the amount of worker time (full-time equivalents) spent in processing the applications and handling the re-determination of eligibility, and discuss the adequacy of staff allocations to this task.

Responses secured in the course of these interviews were recorded and submitted for state review. The key findings in each area were then tabulated on a cross-site basis and the resultant data is presented in the section which follows.

TABLE I: Eligible Population Categories

Table I displays the categories of persons identified as eligible to receive child care services, including the range for income eligibles and associated fees.

Section A. - CATEGORIES OF ELIGIBLE PERSONS: categories of persons who are eligible throughout the state, as follows:

Col. 1 - AFDC: Families who receive income maintenance payments under Aid to Families with Dependent Children.

Col. 2 - AFDC-WIN: AFDC recipients enrolled in the Work Incentive Program.

Col. 3 - SSI: Persons who receive Supplemental Security Income payments, (including aged, blind and disabled).

Col. 4 - CWS: Child Welfare Services provided to prevent or remedy neglect, abuse or exploitation of children.

Col. 5 - INCOME ELIGIBLE: Persons who are eligible to receive services based on the family's monthly gross income, adjusted for family size, and not to exceed 115% of the state median income (SMI).

Col. 6 - OTHER: as specified.

Section B. - INCOME ELIGIBLE RANGE: defines the range of persons eligible on the basis of adjusted gross income, in relation to the fee schedule. Col. 7 and Col. 8 coincide where there is a single cut-off point, below which all child care services are rendered without charge and above which persons are deemed ineligible. Where Col. 7 and Col. 8 do not coincide, they delineate the range within which fees are charged.

Col. 7 - FREE TO _____% SMI: persons earning up to the percentage shown are eligible to receive child care services without charge.

Col. 8 - FULL PAY ABOVE _____% SMI: identifies percentage at which the income eligible ceiling is established.

Section C. - FEES:

Col. 9 - YES, SLIDING: Fees are charged on the basis of a sliding fee schedule, based on adjusted gross income.

Col. 10 - YES, FIXED RATE: a uniform fee is charged to all who fall between the minimum and maximum percentage of SMI.

Col. 11 - NO: no fee is charged.

TABLE I: Eligible Population Categories

	A. CATEGORIES OF ELIGIBLE PERSONS						B. INCOME ELIGIBLE RANGE		C. FEES		
	1	2	3	4	5	6	7	8	9	10	11
	AFDC	AFDC-WIN	SSI	CMS	Income Eligible	Other	Free to ____ % SMI	Full Pay Above ____ % SMI	Yes, Sliding	Yes, Fixed Rate	No
TOTAL	50	51	31	20	49				27	0	23
Alabama	X	X	X	X	X		55	55			X
Alaska	X	X	X				0	0			X
Arizona	X	X		X	X		61	61			X
Arkansas	X	X	X	X	X	Medicaid	45-79*	45-79			X
California	X	X	X		X		50	84	X		
Colorado	X	X	X		X		40	65	X		
Connecticut	X	X		X	X	Medicaid	40	115	X		
D.C.	X	X			X		50	80	X		
Delaware	X	X			X		48	76	X		
Florida	X	X	X		X		39	67	X		
Georgia	X	X	X		X		61	61			X
Hawaii	X	X			X		60	60*			X
Idaho	X	X		X	X	Migrants	80	80			X
Illinois	X	X	X		X	Disabled	55	80	X		
Indiana	X	X			X		50	50			X
Iowa	X	X		X	X	Native Am.	80	80			X
Kansas	X	X	X		X		80	115	X		
Kentucky	X	X	X		X		22	80	X		
Louisiana	X	X	X	X	X		48	48			X
Maine	X	X	X	X	X		80	80			X
Maryland	X	X	X		X		40	105	X		
Massachusetts	X	X			X		69	69			X
Michigan	X	X			X	Migrants	45	80	X		
Minnesota	X	X	X		X		60	115	X		
Mississippi	X	X	X		X		80	115	X		
Missouri	X	X		X	X	Viet. Refugees	80	80			X
Montana	X	X		X	X		35	35*			X
Nebraska	X	X	X	X	X		44	62	X		
Nevada	*	X		X	*	Voc. Rehab.	63*	63*			X
New Hampshire	X	X		X	X	College Studs.	46	80	X		
New Jersey	X	X	X		X		80	92	X		
New Mexico	X	X	X		X		49	49			X
New York	X	X	X	X	X	Home Relief	80	80-102*	X		
No. Carolina	X	X	X	X	X		65	100	X		
North Dakota	X	X			X		40	80	X		
Ohio	X	X	X		X	Medicaid	50	80	X		
Oklahoma	X	X	X		X	Medicaid	47	60	X		
Oregon	X	X	X		X	Viet. Refugees	65	115	X		
Pennsylvania	X	X	X		X		65	115	X		
Rhode Island	X	X			X		54	54			X
So. Carolina	X	X			X	Medicaid, CETA	80	80			X
South Dakota	X	X		X	X	Medicaid	34	55	X		
Tennessee	X	X	X	X	X	Disabled	46	70*	X		
Texas	X	X	X		X	Med.Asst.Only	60	60			X
Utah	X	X			X		74	74	*		
Vermont	X	X	X		X		50	92	X		
Virginia	X	X	X	X	X	Disabled	50	50*			X
Washington	X	X		X	X		32	32			X
West Virginia	X	X	X		X	Medicaid	80	80			X
Wisconsin	X	X	X		X		55	100	X		
Wyoming	X	X	X	X	X	Medicaid	60	60			X

* Arkansas: 45% at time of site visit; subsequently raised to 79%.
Hawaii: Upper limit is higher for disabled.
Montana: Converted from the "150% AFDC" specified in the CASP plan.
Nevada: AFDC clients are eligible for services in Clark Co., but not statewide; income eligibility is required for VR Clients.
New York: Varies depending on family size and location (i.e., higher in NYC); fees for 2 person families only.
Tennessee: Upper limit is higher for disabled.
Utah: Computation formula: $794-earnings = state contribution to cost of care.
Virginia: Upper limit is higher for disabled.

TABLE II: Eligibility Determination Processes

Tables II and III pertain to various aspects of the eligibility determination process. On Table II:

Section A. - WHO SECURES APPLICATIONS: identifies the various categories of workers/agencies who accept applications for child care services.

Col. 1 - IM, WIN WORKERS: income maintenance workers and others associated with the determination of eligibility for financial assistance; and/or workers in the WIN-SAU (Separate Administrative Unit associated with the Work Incentive Program).

Col. 2 - SS, DC WORKERS: Social Service and Day Care Workers, generally part of the designated Title XX agency.

Col. 3 - PROVIDERS: Agencies, centers or home providers of day care services.

Section B. - WHO DETERMINES ELIGIBILITY: workers or agencies responsible for the actual determination that a client is or is not eligible for child day care services.

Col. 4 - IM, WIN WORKERS: same as Col. 1. This column is checked only if IM or WIN workers make actual determinations of child care eligibility and not if they simply provide verification of recipient status.

Col. 5 - SS, DC WORKERS: same as Col. 2.

Col. 6 - PROVIDERS: same as Col. 3.

Section C. - TIME LAPSE: estimated time which elapses between the receipt of an application and the determination of eligibility/non-eligibility. If there is variation by client category or by county, or if there is an average and a medium, both appropriate columns will be checked.

Col. 7 - $<$15 days: less than 15 days.

Col. 8 - 15-30 days: as stated.

Col. 9 - $>$30 days: more than 30 days.

TABLE II: Eligibility Determination Processes

	A. WHO SECURES APPLICATIONS			B. WHO DETERMINES ELIGIBILITY			C. TIME LAPSE		
	1	2	3	4	5	6	7	8	9
	IM, WIN Workers	SS, DC Workers	Providers	IM, WIN Workers	SS, DC Workers	Providers	< 15 Days	15-30 Days	> 30 Days
TOTAL	9	48	19	9	49	12	21	28	0
Alabama		X			X			X	
Alaska	X	X		X	X		X		
Arizona		X			X			X	
Arkansas		X			X			X	
California			X*			X*		X	
Colorado		X			X			X	
Connecticut	X	X	X	X	X	X		X	
D.C.		X			X		X		
Delaware		X			X		X		
Florida		X	X		X	X**		X	
Georgia		X	X		X	X		X	
Hawaii		X			X			X	
Idaho	X	X		X	X		X		
Illinois	X	X	X	TitleXX Eligi.Determ.Ctr					
Indiana			X	X	X			X	
Iowa		X			X		X		
Kansas		X			X			X	
Kentucky		X			X		X		
Louisiana		X	X		X			X	
Maine			X		X	X**		X	
Maryland		X			X			X	
Massachusetts		X	X		X	X	X		
Michigan	X	X		X	X		X		
Minnesota	X	X	X	X	X			X	
Mississippi		X			X		X		
Missouri		X			X			X	
Montana		X			X		X		
Nebraska		X			X		X		
Nevada		X	X		X			X	
New Hampshire		X	X		X			X	
New Jersey		X	X		X	X	X		
New Mexico		X	X		X	X			
New York		X			X			X	
No. Carolina		X			X		X		
North Dakota		X			X			X	
Ohio		X			X			X	
Oklahoma		X			X			X	
Oregon	X	X		X	X		X		
Pennsylvania		X	X		X	X**		X	
Rhode Island		X			X		X		
So. Carolina		X	X		X		X		
South Dakota		X			X	X	X		
Tennessee		X			X		X		
Texas	X	X	X	X	X	X		X	
Utah		X			X			X	
Vermont		X			X			X	
Virginia		X			X			X	
Washington	X	X	X	X	X	X	X		
West Virginia		X			X			X	
Wisconsin		X	X		X		X		
Wyoming		X			X		X		

* In California, school districts, county Dept. of Social Services and other public and private agencies are considered to be providers, under contract.

** Verified by social service worker/agency.

TABLE III: Eligibility Determination Processes (cont'd)

Table III continues the description of the eligibility determination process:

Section A. - DOCUMENTATION REQUIRED: specifies the times when documentary verification is required. "Documentation" includes verification of recipient status and/or submission of check stubs or other evidence of earnings.

Col. 1 - INITIALLY: documentation as described above is required at the time of initial application.

Col. 2 - MONTHLY: documentation is required on a monthly basis.

Col. 3 - AT RE-DETERMINATION: documentation is required at the time the client's eligibility status is re-assessed.

Section B. - RE-DETERMINATION: identifies the time period which elapses between scheduled re-assessments of eligibility status, as follows:

Col. 4 - 3 MONTHS: eligibility status is re-assessed every 3 months.

Col. 5 - 6 MONTHS: eligibility status is re-assessed every 6 months.

Col. 6 - > 6 MONTHS: more than 6 months.

In most states, clients are also instructed to inform the eligibility worker of changes in status between the scheduled re-determinations.

Section C. - APPEALS:

Col. 7 - PROCESS AVAILABLE: a "yes" in the column means that an appeal process has been established and that clients are informed of their right to appeal if they are found ineligible for services either at the outset or upon re-determination.

Col. 8 - NUMBER OF APPEALS: the number of appeals filed by clients in the state during the past year.

TABLE III: Eligibility Determination Processes (cont'd.)

	A. DOCUMENTATION REQUIRED			B. Re-determination			C. APPEALS	
	1	2	3	4	5	6	7	8
	Initially	Monthly	At Re-determination	3 Months	6 Months	> 6 Months	Process Available	Number of Appeals
TOTAL	51	0	47	9	44	0	51	
Alabama	X		X		X		X	1
Alaska	X		X		X		X	0
Arizona	X		X	X*			X	7
Arkansas	X		X		X		X	0
California	X		X		X		X	0
Colorado	X		X		X		X	25
Connecticut	X		X		X		X	UNK
D.C.	X		X	X			X	0
Delaware	X		X		X		X	0
Florida	X		X		X		X	0
Georgia	X		X		X		X	86
Hawaii	X		X		X		X	2
Idaho	X		X		X		X	Unk
Illinois	X		X		X		X	0
Indiana	X		X		X		X	0
Iowa	X		X		X		X	0
Kansas	X		X	X*	X*		X	0
Kentucky	X		**	X*			X	0
Louisiana	X		X		X		X	3
Maine	X		X		X		X	3
Maryland	X		X		X		X	0
Massachusetts	X		X		X		X	0
Michigan	X		X	X			X	0
Minnesota	X		X		X		X	0
Mississippi	X		X		X		X	0
Missouri	X		X		X		X	0
Montana	X		X		X		X	4
Nebraska	X		X		X		X	1
Nevada	X		X		X		X	0
New Hampshire	X		X		X		X	0
New Jersey	X		X		X		X	3
New Mexico	X		X		X		X	0
New York	X		X		X		X	0
No. Carolina	X		X		X		X	1
North Dakota	X		X		X		X	1
Ohio	X		X		X		X	**
Oklahoma	X		X		X		X	3
Oregon	X		X		X		X	Unk
Pennsylvania	X		X		X		X	0
Rhode Island	X		**	X			X	4
So. Carolina	X		X		X		X	0
South Dakota	X		**		X		X	0
Tennessee	X		X		X		X	3
Texas	X		X		X		X	6
Utah	X		X	X			X	0
Vermont	X		X	X*			X	2
Virginia	X		X		X		X	60
Washington	X		X		X		X	40
West Virginia	X		*		X		X	4
Wisconsin	X		X	X*	X*		X	3
Wyoming	X		X		X		X	0

* Arizona: 3 months is planned re-determination frequency; implementation is often not possible.
Kansas: Re-determination is every 6 months; child care plans for AFDC clients are reviewed every 3 months.
Kentucky: Child care is authorized for 3-4 months and discontinued if client does not notify worker of continued need.
Vermont: Re-determination is every 4 months.
West Virginia: A mailed, self-report form is used for re-determination.
Wisconsin: First re-determination is within 3 months; subsequent re-determinations are every 6 months.

** The available information is not clear on this point.

ELIGIBILITY DETERMINATION

Narrative Summary

The first criterion applicable to the client eligibility subsystem states that explicit eligibility policies must have been developed by the agency, with appropriate citizen input.

The development of eligibility policies was explored in all states, and all states were found to have explicit policies, developed by the state agency staff. There were only two minor variations: in Washington, D.C., there was direct involvement by the state legislature, as well as by agency staff, in the establishment of eligible categories, and in North Carolina, eligibility policies were developed by the State Civil Services Commission and translated into written guidelines by the agency staff. In all other states, agency staff were identified as the primary developers of eligibility policies. Because of the high degree of uniformity in the development of eligibility policies, this information has not been presented in chart form.

No states reported direct involvement by advisory committees or other community groups in the initial formulation of eligibility policies, as there was, for example, in the development of licensing standards. Citizens did reportedly express themselves on this issue at a number of public meetings held relative to CASP plans, and their comments were taken into consideration in revising the state plans. There does not, however, appear to be any systematic, organizational provision for citizen participation in the eligibility policies development process.

ELGIBILITY DETERMINATION

Table I displays the populations who are eligible for child day care services in each of the states. It will be seen that AFDC recipients (both WIN and non-WIN) are eligible in every state, with one exception. In that instance, non-WIN-AFDC recipients are eligible in only portions of the state although WIN recipients are eligible statewide. SSI recipients and CWS clients are specifically identified as eligibles in 31 and 20 states, respectively. 9 states make child care service available to Medicaid recipients and a small number add such special categories as Vietnam Refugees, migrant workers, Vocational Rehabilitation clients, etc.

The income eligible category has been included in 49 of the states. One state makes no provision for income eligibles and, in the other, income eligibility is an added condition for Vocational Rehabilitation clients. In addition, several states set their percentage of the state median income (SMI) so low as to be virtually limited to public assistance recipients. Of the 49 states who identify income eligibles as a special category:

21 established a single cut-off point, with those below the cut-off being eligible for free care and those above the cut-off paying the full cost of care. These 21 states, therefore, have no sliding fee scale.

28 states have provided a range for the income eligible category. Those below the bottom of the range receive free care; those between the bottom and the top of the range pay fees on a sliding fee basis; and those above the top of the range pay the full cost of care.

The chart which follows summarizes the income eligible ranges which have been established.

For states with a single cut-off, the same figure is included as both the bottom and the top of the range.

Percent of state median income (SMI)	Number of states reporting*	
	Bottom of Range	Top of Range
Less than 30%	2	1
31 - 40%	8	2
41 - 50%	15	5
51 - 60%	8	7
61 - 70%	7	8
71 - 80%	11	14
81 - 90%	0	2
91 - 100%	0	4
101 - 110%	0	2
111 - 115%	0	6

Thus, 2 states set the bottom of the income eligible range below 30% SMI and 1 state set the top of the range below 30% SMI; 8 states established the minimum eligibility at 31-40% SMI and 2 states set this as the maximum, etc.

The median for the bottom of the range is 50% SMI and the median for the top of the range is 70-80% SMI, with 14 states establishing a ceiling above 80% SMI. Only 6 states have availed themselves of the maximum allowable

*In several states, there are discrepancies between the income eligible figures contained in this report and those shown in the CASP plans. The reader is reminded that our figures are based on verbal description of actual practice, reported at the time of the site visit. In some cases, changes have occurred subsequent to our visit; in other, actual practice reportedly differed from plan specification in certain particulars.

under Title XX and all but two of these start charging fees below the 80% point. It therefore appears that there has not been a general move to expand the base of persons eligible for social services to the extent allowable under Title XX. In fact, most of the states specifically stated that they were serving essentially the same population groupings as they had formerly; this was accomplished by setting the Income Eligible limits so as to capture generally the same population as that which has formerly been eligible for services under the "former and potential" classification. Those that indicated that there had been major shifts were divided between those who indicated a broadening of the eligibility through the addition of the income eligible category and those who felt the base had been constricted by the removal of group eligibility.

Table II displays the eligibility determination processes, in terms of the persons empowered to secure applications and determine eligibility. In both cases, agency workers are dominant. In 19 states the agency and the providers secure applications and in 12 states both the agency and the providers have the authority to establish eligibility, although, in three of these states, the eligibility determination made by the provider is verified by the agency. There is only one state in which the provider has sole responsibility for securing applications and determining eligibility, and, in this state, the organizational structure is such that county departments of social services are considered to be providers. When both providers and agencies are involved, there is generally a differentiation by population category, with the agency making the determination for public assistance recipients and the providers handling the determination for income eligibles. The involvement of providers in the eligibility

determination process seems to be less for child care than for other social services; i.e., the HEW summary of CASP plans indicates that there are 30 states in which the state agency and providers are both empowered to determine eligibility, as compared with the 12 which we have identified.

All states indicated that the time lapse between initial application and the final determination of eligibility is less than 30 days, and 21 states reported that the process is completed within 15 days. It was generally reported that determination can be completed almost immediately for public assistance recipients and for income eligibles who bring adequate documentation with them--the delays are caused by the necessity of securing documentation to verify eligibility of income eligibles who do not bring adequate documentation with them.

As noted on Table III, documentation (generally consisting of pay check stubs) is uniformly required for the initial determination of eligibility, and, almost always, at the time of re-determination as well. Re-determination of eligibility is always done within six months, and nine states reportedly re-determine eligibility every three months. Very few states implement systematic quality control procedures during the period between re-determinations, but they almost all request/require that the client inform them of changes in income status as soon as they occur.

Information about the appeal process is disseminated by every state. The actual number of appeals reported during the preceding year provides some important insights. Thus, all but four states report that there were no, or very few, appeals lodged. The states with more than a handful of appeals universally attribute this to larger eligibility issues, illustrated by such comments as: "there has been a significant increase in

appeals since Title XX because some of the pre-Title XX categories are no longer eligible"; "the stringency of the eligibility requirements has created a problem for us and our clients"; "there is difficulty in assuring equity since our percentage of the SMI is so low that hardly anyone but public assistance recipients qualify". It will be worthwhile to document the number of appeals filed during the coming year as an indicator of the acceptability of the eligibility standards which have been established.

In summary, all states are fulfilling federal requirements in terms of policies forumulated, categories established, determination and redetermination process (including documentation and time elapsed), and the dissemination of information about the right to appeal. On the other hand, there is little evidence of organized provision for community input into the policy development process and considerable evidence that Title XX has not resulted in an expansion of eligibility for child care services in most states.

Definitions

The term "sanction" is being used to include any official authorization which is required in order for a provider to be legally permitted to engage in the provision of child day care services, including:

- Licensing - the formal issuance of a license which confirms the fact that a given provider has been found to be in compliance with the state or local standards which have been legislatively adopted to govern the specified activity. Issuance of a license is generally preceded by a thorough investigation involving on-site investigations by agency personnel and fire and sanitation inspectors.

- A sub-set of licensing is a category of restricted licenses variously known as conditional, provisional or temporary licenses or permits which stipulate that a provider is moving toward meeting the standards required for licensing but has not yet achieved them.

- Approval - this is comparable to licensing, in that specified standards for approval must be met; these standards may not, however, be legislatively adopted; and compliance with the standards results in the issuance of a letter or certificate of approval rather than a formal license. In actual practice, there are wide variations in the manner in which approval is interpreted. In some instances, it is virtually identical with licensing, but

is used in those situations where licenses are not required (e.g., for centers operated under the auspices of school districts). In other instances, approval is a more informal process than licensing; in these cases approval may be accorded on the basis of a single visit or contact with a social worker and no fire or other inspections are required. And in still other instances, approval may require compliance with more rigorous standards than licensing -- in these cases, approval may be accorded in addition to, or in lieu of, a license. Where "approval" is granted only to providers who are in compliance with FIDCR, we are using the term "certification" rather than approval. The term "approval" is therefore reserved for a process similar to, or less formal than, the licensing process.

- Registration - a process whereby a provider or potential provider makes known his or her intent to engage in a specified activity; this generally entails a written communication to the agency involved, detailing the name and address of the provider, the nature of the activity to be engaged in, and a statement that he/she is in conformity with the requirements governing that activity. Again, in actual practice, there is a considerable range, from the simple registering (in writing or by phone) of the fact that the provider is caring for children to a process comparable to that required for approval.

It will be noted that the sanctions described above are predicated upon the meeting of state and local standards or regulations, and that they are relevant to all who engage in the provision of a child day care service, regardless of the nature of their clientele.

- Certification - While this term may be used by states in any situation which results in the issuance of a certificate, it is being used here in the specific sense of certification for compliance with federal regulations (specifically, FIDCR as modified by Title XX). This particular sanction is generally applied to a sub-set of providers; namely, those who are serving children with federal financial participation. In virtually all cases, certification for compliance with FIDCR is in addition to the normal sanction (licensing, approval or registration) which is utilized in relation to all providers.

The objective and criteria applicable to the subsystem responsible for the legal sanctioning of child day care providers are specified below.

Objective

To ensure that all providers of day care services meet (or are moving toward meeting) minimum standards, as defined by state and local regulations.

Criteria

1. Minimum standards have been developed which cover each of the following areas:

   a. Numbers and ages of children, with associated child/staff ratios;

   b. Staff qualifications and training;

   c. Facilities requirements;

   d. Record requirements;

   e. Health and nutritional requirements;

   f. Programmatic requirements.

2. Procedures have been established for completing an assessment study of all providers which will enable the agency to determine whether programs are meeting (or moving toward meeting) minimum standards, including:

   a. Site visit(s) by appropriate agency personnel, and by fire, safety and/or other inspectors specified in state and local codes;

   b. Prompt issuance or withholding of a license (or other sanction) in accordance with the following:

      Where the minimum standards are fulfilled, issue a dated license or other document authorizing a provider to serve a stipulated number of children, of specified ages;

      Where providers fail to fully meet minimum standards, stipulate corrective measures and/or limitations on services which may be provided and reassess the situation to determine whether conditions have been met within a reasonable period of time.

3. Procedures have been established for review and relicensing (or other sanction) on a regular basis.

4. For all federally-supported day care services, a process has been, or is being, initiated to ensure that federal standards are being met. Such process may be part of, or in addition to, the normal licensing (or approval) procedure.

Areas of Investigation

Based on the criteria, the areas for investigation during the course of the site visit were identified. In addition, a series of topics relevant to FIDCR were developed, including a comparison of state standards with FIDCR and the implications of FIDCR. While these do not derive directly from the criteria (and there is no requirement that state standards for all facilities need be in accord with FIDCR), these items were added in order to secure information which would be of assistance to the federal FIDCR Appropriateness Committee.

The following is abstracted from the Topic Guide section on Licensing and Other Sanctions. It indicates the general topics which were covered by field analysts in the course of the site interviews.

1. For each type of care, determine whether:

   a. Standards have been established

   b. By whom

   c. When

2. Discuss the process utilized in formulating or revising standards, including the participants who were involved.

3. Do an in-depth exploration of the degree to which state standards agree with, or differ from, FIDCR, including:

   Nature of differences

   Reason for differences

   And discuss fully the implications of FIDCR,

Areas of Investigation (cont.)

in terms of:

Provider's ability to comply

Cost factors associated with compliance

Respondent judgments about the relevance, applicability and utility of FIDCR

Who (agency or provider) does, and/or should, provide such components as health care, social services, etc.

4. For each type of care (in-home, family day care, group day care, private centers, and public centers), specify:

   a. What form of approval is required - license, registration, certification, or other

   b. What agency (and level) is responsible

   c. Whether the agency with responsibility for licensing also has responsibility for enforcement

5. For each type of care, describe the licensing process in detail, including:

   a. All of the areas covered by the investigation

   b. The degree of structure and systematization

   c. The nature of the study process

Areas of Investigation (cont.)

d. The approximate time involved

e. Extent to which other agencies (e.g., fire and sanitation departments) are involved

f. Planned and actual frequency of renewals

g. Fees charged for license, if any

6. For each type of care, determine:

a. The total number of providers

b. The percent licensed

c. The percent disqualified

7. Determine whether conditional/provisional licenses are issued; describe the processes and numbers.

8. Ascertain the number of revocations in the past year, and discuss the reasons and processes involved.

9. Get an estimate of the total number of licensing workers, and the proportion of time specifically spent in licensing child care.

10. Inquire about the backgrounds and training (including on-the-job training) for licensing workers.

Responses secured in the course of these interviews were recorded and submitted for state review. The key findings in each area were then tabulated on a cross-site basis and the resultant data is presented in the section which follows.

TABLE I: Standards Development

Table I summarizes the Standards Development process and timing, in three sections:

Section A. - PARTICIPANTS IN STANDARDS DEVELOPMENT: All those actively participating in development of standards are checked as follows:

Col. 1 - LEGISLATURE: While the legislature is the final authority in the adoption of standards, this column is checked only if the legislature's role entailed more than simple approval of standards developed by the standards development committee (e.g., returning the standards with proposed revisions, or significantly altering the standards before adopting them).

Col. 2 - STATE STAFF: This column may include state staff of related agencies as well as state staff of the Title XX agency.

Col. 3 - LOCAL STAFF: This column is checked if local licensing or other workers were directly involved in the development of the standards.

Col. 4 - ADVISORY COMMITTEE: This column is checked if the Child Care Advisory Committee was actively involved in the development of standards.

Col. 5 - OTHER COMMUNITY GROUPS/PERSONS: Again, active involvement of such groups or persons is implied. Public hearings for informational purposes, after the standards have been developed, would not result in a check in this column.

Section B. - DEVELOPED FOR: indicates the provider categories for which standards have been developed. N/A internal to this chart indicates that the provider category is not utilized in the state.

Section C. - DATES OF CURRENT STANDARDS: provides the dates of the standards in current usage. An * by a date indicates that new standards are in process of development, though such standards are not yet in use.

TABLE I: Standards Development

	A. PARTICIPANTS IN STANDARD DEVELOPMENT					B. DEVELOPED FOR				C. DATES OF CURRENT STDS	
	1	2	3	4	5	6	7	8	9	10	11
	Legislature	State Staff	Local Staff	Advisory Committee	Other Community Groups/Persons	Day Care Centers	Group Day Care Homes	Family Day Care Homes	In-Home Providers	Centers	Homes
TOTAL	5	49	26	43	41	51	16	50	20		
Alabama		X		X		X	na	X	X	1974	1974
Alaska		X	X	X	X	X	na	X		1962*	1962*
Arizona		X	X	X	X	X	na	X	X	1973	1973
Arkansas	X	X		X		X	X	X	X	1975	1975
California		X	X	X	X	X	X	X	X	1972*	1972*
Colorado		X	X	X	X	X	na	X	X	1973	1972
Connecticut		X		X	X	X	na	X		1972	1970
D.C.	X	X		X		X	na	X		1975	1975
Delaware		X	X	X	X	X	X	X		1970	1960
Florida		X	X	X	X	X	na	X		1975	1975
Georgia		X	X	X	X	X	na	X	X	1974	1969
Hawaii		X		X		X	na	X		1966	1966*
Idaho	X	X		X		X	na	X	X	1972	1972
Illinois		X		X	X	X	na	X		1971*	1970*
Indiana		X			X	X	na	X		1972	*
Iowa		X	X	X	X	X	na	X		1975	1970
Kansas		X	X		X	X	na	X		1975	1975
Kentucky		X	X	X	X	X	X	**		1975	1975
Louisiana		X			X	X	na	X	na	1974*	1975*
Maine		X		X	X	X	X	X	X	1974	1974
Maryland		X	X	X	X	X	na	X		1974	UNK
Massachusetts		X	X	X	X	X	na	X	X	1970*	1962*
Michigan		X	X	X	X	X		X		1954*	1973
Minnesota		X	X	X	X	X	na	X		1973	1973
Mississippi		X	X	X	X	X	na	X		1975	1970
Missouri		X	X	X	X	X	X	X		1975	1975
Montana		X		X	X	X	na	X		1974	1968*
Nebraska		X		X	X	X	na	X	X	1971	1971
Nevada		X	X	X	X	X	X	X		1975	1975
New Hampshire		X	X	X	X	X	na	X	X	1972	1971
New Jersey		X		X		X	na	X		1970*	UNK
New Mexico		X	X	X	X	X	X	X		1966	1966
New York		X	X	X	X	X	na	X		1969	1969
No. Carolina	X			X	X	X	na	X	X	1971	1971
North Dakota		X			X	X	X	X	X	1976	1975
Ohio		X		X	X	X		X		1969	1970
Oklahoma		X		X		X	na	X	X	1971	1975
Oregon	X	X	X	X	X	X	X	X	X	1975	1975
Pennsylvania		X	X	X	X	X	na	X	na	1975	1975
Rhode Island		X	X	X	X	X	na	X	X	1970	1970
So. Carolina		X	X			X	X	X		1967*	1967*
South Dakota		X		X	X	X	X	X		1975	1975
Tennessee		X		X		X	X	X		1973	1973
Texas		X			X	X	na	X	X	1974*	1951*
Utah		X			X	X	na	X	na	1953*	1953*
Vermont		X		X	X	X	X	X	X	1973	1973
Virginia	Unk					X	na	X		1968*	1968*
Washington		X	X	X	X	X	X	X	X	1974	1974
West Virginia		X		X	X	X	na	X	X	1974	1973
Wisconsin		X		X	X	X		X		1971	1971
Wyoming		X	X	X	X	X	X	X		1975	1975

* Being revised and/or awaiting approval.

** In Kentucky, no sanction is required for homes serving fewer than 4 children; homes serving 4 or more are considered GDCH's.

TABLE II: Standards for Centers

Table II displays the Staff:Child Ratios contained in the states' Standards for Centers.

The figure shown in each box is the number of children permitted, per staff member, by age of child. Age categories are extensively detailed to cover the varying age clusters contained in the standards for all of the states. In some few instances, the states' categories still differ from those utilized (e.g., one state includes cuts at 10 and 15 months); in these cases, we have used the closest approximation and/or we have included the varying ratios subsumed under a specific age category. Information is repeated, as needed, to convey the precise information included in each standard. Thus, if the standards shows a single age for the category "under 3", this figure would be repeated in each of the first five columns. If, on the other hand, the first age category contained in the standard is "3-4 years", the first five columns will be left blank.

It should be noted that the ratios shown are those contained in standards which are applicable to all centers requiring licensing and approval, or other authorization to care for children. Some states require that centers serving FFP children go beyond their state standards. States which have established separate standards on staff:child ratios for facilities serving FFP children are identified in the footnote. States which require that facilities serving FFP-eligibles must be in compliance with FIDCR ratios are shown in Table V.)

The average shown at the top of the page is the arithmetic mean derived by adding all of the numbers in a column and dividing by the total number of responses contained within the column.

FOOTNOTES FOR TABLE II:

Florida: State has separate, more stringent standards for centers serving FFP.

Georgia: Standards contain ratio ranges, as shown.

Kansas: "Infants," defined as non-walkers, = 1:3; "toddlers," defined as walkers, = 1:5.

Louisiana: Standards were in process of change at time of site visit (new standards: <2 = 1:6; 2-6 = 1:10; >6 = 1:15).

Massachusetts: Proposed standards: pending approval at time of site visit.

Michigan: State has separate set of recommended standards.

Mississippi: Birth to 6 weeks = 1:1; 6 weeks - 3 years = 1:4.

Nevada: For 3 and older, ratio is 1:15 if more than 20 children.

New Jersey: Staff:child ratios for centers serving FFP children only.

New Mexico: 1:20 for 4 and 5 year olds in care for 3 hours or less.

North Carolina: For centers with more than 30 children; for smaller centers, standards specify 1:6-10; 2:11-20; and 3:21-29. There are also separate certification standards.

Pennsylvania: State has separate, more stringent standards for centers serving FFP.

Tennessee: State has separate set of recommended standards.

TABLE II: Standards for Centers

	A. STAFF:CHILD RATIOS (Number of children per adult, by age of child)										
	1 Under 1 year	2 1 year - 18 months	3 18 months - 2 years	4 2 years - 2 1/2 years	5 2 1/2 - 3 years	6 3 - 4 years	7 4 - 5 years	8 5 - 6 years	9 6 - 7 years	10 7 - 8 years	11 Over 8 years
AVERAGES	5.15	5.54	6.02	7.28	8.10	10.28	12.35	15.35	17.09	17.2	17.6
Alabama	5	5	5	5	10	10	20	20	22	22	25
Alaska	10	10	10	10	10	10	10	10	10	10	10
Arizona	8	8-10	10	10	10	15	20	25	25	25	25
Arkansas	6	6	6	12	12	15	18	18	18	18	18
California	4	4	4	4	4	5	7	7	12	12	12
Colorado	5	5	5	5	8	10	12	15	15	15	15
Connecticut	4	4	4	4	4	No ratios specified					
D.C.				4	8	10	10	15	15	15	15
Delaware	5	8	8	8	15	15	20	20	25	25	25
Florida *	6	8	8	12	12	15	20	25	25	25	25
Georgia *	5-7	5-7	8-10	8-10	8-10	10-15	15-18	18-20	20-25	20-25	20-25
Hawaii				10	10	15	20	25	25	25	25
Idaho	6	6	8	8	8	10	10	10	10	10	10
Illinois	6	6	6	8	8	10	10	25	25	25	25
Indiana	4	4	5	5	5	10	12	15	20	20	20
Iowa	4	4	4	6	6	8	12	15	15	15	15
Kansas *	3	5	5	7	7	10	10	10	16	16	16
Kentucky	6	6	6	8	8	10	12	15	15	15	20
Louisiana *	6	8	8	12	12	14	16	20	25	25	25
Maine					8	10	15				
Maryland				6	6	10	10	13			
Massachusetts*	3		4	4	4-10	10	10	15			
Michigan*	4	4	4	4	10	10	12	20	20	20	20
Minnesota	4	4-7	7	7	10	10	10	10	15	15	15
Mississippi*	1-4	4	4	4	4	5	7	7	15	15	15-20
Missouri				5	5	10	10	10	15	15	15
Montana	10	10	10	10	10	10	10	10	10	10	10
Nebraska	4	4	4	5	5	7	7	12	12	12	12
Nevada *	4-6	6	8	8	8	10	10	10	10	10	10
New Hampshire	4	4	4	4	4	10	15	18	20	20	20
New Jersey *				5	5	5	7	7	10	10	10
New Mexico *	10	10	10	15	15	15	15	15	15	15	15
New York	4	4	5	5	5	5	7	7	10	10	10
No. Carolina *	8	8	8	12	12	15	20	25	25	25	25
North Dakota	1-4	4	4	4	4	6	6	10	15	15	15-20
Ohio	8	8	10	10	10	15	15	20	20	20	20
Oklahoma	4	6	6	8	8	12	15	15	20	20	20
Oregon	4	4	4	4	10	10	10	10	15	15	15
Pennsylvania*						7.5	10	10	12.5	12.5	12.5
Rhode Island						5	7	12			
So. Carolina	6	6	6	8	8	10	14	15			
South Dakota	5	5	5	5	5	8	8	8	10	10	10
Tennessee *						10	15	25	30	30	30
Texas	4	4	6	8	8	12	15	18	20	20	25
Utah				10	10	15	15	20	20	25	25
Vermont				5	5	10	10	10	12	12	12
Virginia	3	3	3	10	10	10	10	10	10	10	10
Washington	5	5	5	7	7	7	7	10	10	10	10
West Virginia	4	4	4	8	8	10	12	15	16	16	16
Wisconsin	3	4	4	6	8	10	12	16	16	16	16
Wyoming	5	5	5	8	8	10	15	20	25	25	25
FIDCR	4	4	4	4	4	5	7	7	10	10	10

* See Footnotes, facing page.

TABLE III: Standards for Centers (cont'd)

Table III enumerates the main areas covered by state standards, in addition to staff:child ratios. Checks (x) indicate that the area is included in conformity with the definitions cited below, but there is no implied judgment with regard to the adequacy of the standard.

Section A. - AREAS COVERED IN STANDARDS: areas contained within FIDCR or frequently included within state standards:

Col. 1 - GROUPS TO BE SERVED: must include an explicit statement prohibiting discrimination.

Col. 2 - ADMINISTRATION: record-keeping, fiscal, etc.

Col. 3 - FACILITIES: items pertaining to the physical plant.

Col. 4 - HEALTH: any of the following: required health evaluations, provisions for emergency medical care, required maintenance of health records.

Col. 5 - SAFETY: any specification of safe practices, including a statement that local fire/sanitation requirements must be met.

Col. 6 - NUTRITION: specifications regarding nature and adequacy of meals.

Col. 7 - EDUCATION/PROGRAM: specific requirements with regard to educational opportunities and/or equipment (optional under Title XX FIDCR).

Col. 8 - SOCIAL SERVICES: any item pertaining to the provision of social services beyond a determination of eligibility.

Col. 9 - STAFF QUALIFICATIONS: age of staff, mental and physical condition, or educational qualifications (not a FIDCR requirement).

Col. 10 - STAFF TRAINING: items pertaining to continuing education of staff, in addition to educational requirements for employment.

Col. 11 - PARENT INVOLVEMENT: opportunities for direct involvement with children in the center and/or on a policy committee (in addition to routine communications between center and home).

Col. 12 - EVAL./MONITORING: any specified provision for surveillance of the program.

Col. 13 - TRANSPORTATION: any standards under this heading (not a FIDCR item).

Col. 14 - DISCIPLINE: any standards under this heading (not a FIDCR item).

Section B. - SPECIAL PROVISIONS: special standards for identified groups of children, as shown in columns 15 through 17.

TABLE III: Standards for Centers (cont'd)

	A. AREAS COVERED IN STATE STANDARDS														B. SPECIAL PROVISION		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
	Non-discrimination Clause	Administration	Facilities	Health	Safety	Nutrition	Educ./Program	Social Services	Staff Qualifications	Staff Training	Parent Involvement	Eval./Monitoring	Transportation	Discipline	Infants	Night Care	Handicapped
TOTAL	16	49	51	48	49	49	42	13	37	26	19	13	27	25	25	14	3
Alabama		X	X	X	X	X	X		X	X			X	X	X	X	
Alaska	X	X	X	X	X	X			X		X			X			
Arizona		X	X		X	X			X				X		X		
Arkansas		X	X	X	X	X	X								X		
California		X	X	X	X	X	X	X	X	X				X	X		
Colorado	X	X	X	X	X	X	X		X		X		X		X	X	
Connecticut		X	X	X	X	X			X						X		
D.C.		X	X	X	X	X	X										
Delaware		X	X	X	X	X	X	X		X	X	X		X			
Florida		X	X		X		X		X			X	X	X			
Georgia		X	X	X	X	X	X		X	X	X		X				
Hawaii		X	X	X	X	X	X	X		X		X	X				
Idaho	X	X	X	X	X	X	X		X								
Illinois	X	X	X	X	X	X	X		X	X				X	X	X	
Indiana	X	X	X	X	X	X		X	X	X	X			X		X	
Iowa	X	X	X		X	X			X		X		X		X	X	
Kansas	X	X	X	X	X	X	X		X	X			X	X	X	X	
Kentucky		X	X	X	X	X	X		X				X	X	X	X	
Louisiana		X	X	X	X	X	X		X				X	X	X	X	
Maine		X	X	X	X	X	X		X		X	X	X	X	X		
Maryland		X	X	X	X	X	X		X	X	X						
Massachusetts		X	X	X	X	X	X		X	X	X	X	X	X	X	X	
Michigan	X	X	X	X	X	X	X	X		X			X	X	X	X	
Minnesota	X	X	X	X	X	X	X			X	X				X	X	
Mississippi		X	X	X	X	X	X		X	X							
Missouri		X	X	X	X	X	X	X	X	X							
Montana		X	X	X	X	X	X		X				X	X			X
Nebraska	X	X	X	X	X	X	X		X		X		X	X	X		
Nevada		X	X	X		X	X		X	X	X	X		X	X	X	
New Hampshire	X		X	X	X	X			X				X	X	X	X	
New Jersey	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
New Mexico		X	X	X	X	X									X		
New York		X	X	X	X	X	X		X				X	X	X		
No. Carolina		X	X	X	X	X			X								
North Dakota		X	X	X	X	X	X	X		X	X		X		X		
Ohio	X	X	X	X	X	X	X		X					X			
Oklahoma		X	X	X	X	X	X						X	X			
Oregon	X	X	X	X	X	X	X	X		X					X		
Pennsylvania		X	X	X	X	X	X		X			X	X				
Rhode Island		X	X	X	X	X	X	X	X			X	X				
So. Carolina		X	X	X	X	X	X	X	X	X	X	X					
South Dakota		X	X	X	X	X				X							
Tennessee		X	X	X	X	X	X		X				X		X		X
Texas		X	X	X	X	X	X										
Utah		X	X	X	X	X	X		X	X			X	X			
Vermont		X	X	X	X		X		X	X	X		X	X			
Virginia			X	X		X	X										
Washington	X	X	X	X	X	X	X	X	X	X	X	X		X			
West Virginia		X	X	X	X	X	X	X	X	X	X	X	X		X	X	X
Wisconsin	X	X	X	X	X	X	X			X	X	X		X			
Wyoming		X	X	X	X	X	X		X	X			X		X		

TABLE IV: Standards for Homes

Table IV covers the provisions of standards pertaining to homes, including both the numbers permitted and the other areas covered.

Section A. - TOTAL NUMBER PERMITTED: displays the stipulations with regard to the maximum numbers of children which may be served in homes, and the corresponding staff:child ratios. Columns 1 and 2 relate to group day care homes, where this is identified as a separate category.

Col. 1 - GDCH's-TOTAL NUMBER: specifies the total number of children which may be served in group day care homes (the qualifying "I" means that the total number includes the day care providers' own children; "E" means exclusive of the day care providers' children.

Col. 2 - GDCH's-STAFF:CHILD RATIO: specifies the staff: child ratio which must be maintained in group day care homes.

Columns 3, 4 and 5 relate to family day care homes.

Col. 3 - FDCH's-TOTAL, ALL AGES: specifies the total number of children of all ages permitted, with "I" meaning inclusive and "E" meaning exclusive of the day care providers own children (Since there is a single provider, the staff to child ratio corresponds to the maximum number).

Col. 4 - FDCH's-TOTAL, INCLUDING INFANTS: specifies the total number permitted when any of the children cared for are under age two.

Col. 5 - FDCH's-TOTAL NUMBER UNDER AGE 2: indicates the total number under age two allowable.

Columns 4 and 5 should be read together; thus, if 4 shows "5 I" and 5 shows "2", it means that no more than two infants and three older children may be served simultaneously.

Section B. - AREAS COVERED IN STANDARDS: displays the other areas covered by standards for homes. The enumeration and definitions utilized correspond to those shown for centers and described on the page preceding Table III.

TABLE IV: Standards for Homes

	A. TOTAL NUMBER PERMITTED					B. AREAS COVERED IN STANDARDS														
	1 GDCH's-Total Number	2 GDCH's-Staff:Child Ratio	3 FDCH's-Total, All Ages	4 FDCH's-Total, Including Infants	5 FDCH's-Total Number Under Age 2	Administration (40)	Facilities (48)	Health (45)	Safety (46)	Nutrition (46)	Education/Program (28)	Social Services (11)	Staff Qualifications (24)	Staff Training (12)	Parent Involvement (5)	Evaluation/Monitoring (8)	Transportation (8)	Discipline (20)
TOTAL																		
Alabama			6*	6*		X	X	X	X	X			X					X
Alaska	na	na	6	6		X	X	X	X	X			X					
Arizona			6(I)	5(I)	2	X	X	X	X	X			X					
Arkansas	12(I)	1:5-6	6(I)	5(I)	2	X	X	X	X	X	X							
California	10(I)	1:6	6(I)	5(I)	2	X	X	X	X	X	X	X						
Colorado			6(I)	6(I)	2	X	X	X	X	X		X						X
Connecticut			4-6(I)	6(I)	2	X	X	X	X	X	X			X				
D.C.			5(I)	5(I)	2	X	X	X	X	X	X							
Delaware	11(I)	1:5	6(I)	6(I)	3		X		X	X			X	X				X
Florida			5-10(I)			X	X		X				X				X	X
Georgia			6(I)	6(I)	3	X	X	X	X	X	X		X	X				X
Hawaii			5(E)	4-5(E)	2	X	X	X	X	X	X		X			X		X
Idaho	na	na	4	4(I)		X	X	X	X	X	X		X					
Illinois			6(I)	4			X	X	X				X					X
Indiana	10(I)		6(I)	6	3		X	X	X	X								X
Iowa			5(I)	5(I)	2	X		X	X	X		X	X					
Kansas			6(I)	4(I)	2	X	X	X	X	X			X					X
Kentucky	Same as Centers			NONE		X	X	X	X	X			X				X	X
Louisiana			6(I)	5(I)	2	X	X	X	X				X					
Maine	12	1:6(I)	6(I)	6(I)	2	X	X	X	X	X	X		X		X	X		
Maryland			4		1-4	X	X	X		X	X							
Massachusetts			6			X	X	X	X	X	X		X					
Michigan	12(I)		6(I)			X	X	X	X	X	X							X
Minnesota	10(I)		6(I)	5	3	X	X	X	X	X	X			X				X
Mississippi			6(I)	5(I)	2		X		X	X	X							
Missouri	15(I)	1:5½+	6(E)	6(E)	2	X	X	X	X	X								
Montana			6(I)	6(I)	2		X		X	X		X						
Nebraska			7(I)	7(I)	2	X	X	X	X	X		X					X	X
Nevada	12(I)		7	7	2	X	X	X	X	X	X		X	X	X	X		X
New Hampshire			6(I)	4(I)	3	X	X	X	X	X			X					
New Jersey	Same as Centers		5(I)			Unk												
New Mexico			6	3-6	2	X	X	X	X	X				X				
New York			6(I)	6(I)	2	X	X	X	X	X	X		X				X	X
No. Carolina			5(E)			NONE ****												
North Dakota			6(I)	5(I)	2	X	X	X	X	X	X							
Ohio			4-5		1-4	X	X	X	X	X	X							
Oklahoma			5(I)	5(I)			X	X	X	X	X							
Oregon	12	1:6	6	6	2	X	X	X	X	X	X	X		X				
Pennsylvania			6	5	2(I)	X	X	X	X	X	X			X			X	X
Rhode Island			4(E)	4(E)	2(I)	X	X	X	X	X	X	X	X				X	X	X
So. Carolina	15(I)	1:6	7(I)	7(I)	2	X	X	X	X	X								
South Dakota	6(I)	1:6	6(I)	6(I)	2		X	X	X	X				Y				
Tennessee	8(I)	1:8	7(I)	4(I)		X	X	X	X	X			X					
Texas	Same as Centers		6(I)	6(I)		X	X	X	X	X	X							
Utah			6(I)			X	X	X	X	X	X		X					X
Vermont	12	1:6	6(I)	6(I)	2	X	X	X	X		X		X	X	X		X	X
Virginia			6**	3**			X	X	X	X	X							
Washington	12	1:10***	6	6(I)	2		X	X	X	X			X			X		X
West Virginia			6(I)	5(I)	2	X	X	X	X	X	X	X	X	X	X	X	X	X
Wisconsin			6(I)	6	2	X	X	X	X	X	X	X	X		X	X		X
Wyoming	11(I)	1:5	5(I)	3(I)	2	X	X	X	X	X	X	X						

* The actual number of children who can be served including infants (up to a maximum of 6 children) is based on an assessment of the day care mother's ability to provide services.

** These are staff:child ratios; maximum allowable in FDCH's is 10(I).

*** For homes in which all children are over 2½ yrs.; for homes in which any child is under 2½ yrs., the ratio is 1:5.

**** For homes serving FFP eligibles, the state has certification standards which incorporate most FIDCR components.

TABLE V: Sanctions Required by Provider Type

Table V enumerates the type of sanction required by each state, for each provider type, including:

Cols. 1 - LICENSING: the formal issuance of a license which authorizes the provider to engage in the provision of child day care services, based on a study to verify that the provider is in compliance with state and/or local standards.

Cols. 2 - APPROVAL: issuance of a certificate or letter of approval indicating that the provider has been found to be in compliance with state or local standards governing such approval. The procedure leading to approval may be similar to, or less formal than, that which results in the issuance of a license.

Cols. 3 - REGISTRATION: a process whereby the provider makes known his/her intent to engage in a specified activity and to perform this activity in accordance with the regulations governing such activity.

Cols. 4 - CERTIFICATION: certification for compliance with FIDCR (as part of, or in addition to, licensing.)

Items are checked in accordance with the foregoing definitions regardless of the terminology employed by the state.

Key to Symbols:

"A" = sanction is applied to All providers

"F" = sanction is required only if the provider is serving FFP eligibles

"NONE" = no sanctions are required

"na" = the provider category is not utilized in the state

TABLE V: Sanctions Required by Provider Type

	A. PUBLIC CENTERS				B. PRIVATE CENTERS				C. GDCH's				D. FDCH's				E. IN-HOME			
	1 Licensing	2 Approval	3 Registration	4 Certification	1 Licensing	2 Approval	3 Registration	4 Certification	1 Licensing	2 Approval	3 Registration	4 Certification	1 Licensing	2 Approval	3 Registration	4 Certification	1 Licensing	2 Approval	3 Registration	4 Certification
Alabama	A			***	A			***		na			A					F		
Alaska		na			A					na			A					na		
Arizona	A				A					na				A				A		
Arkansas	A			F	A			F	A			F	F	A**				A		
California				A	A			F	A			F	A			F		None		
Colorado	A			F	A			F		na			A					F		
Connecticut	A				A					na			A					None		
D.C.	A				A			F		na			A			F		F		
Delaware	A				A				A				A					None		
Florida **	A	F			A	F				na			A	F			A	F		
Georgia		A			A					na				F				F		
Hawaii	A				A					na			A					F		
Idaho	A				A					na			A					F		
Illinois	A			F	A			F		na			A					na		
Indiana	A			***	A			***	A				A				A			
Iowa **		None			A					na			A					None		
Kansas		na			A			F		na			A			F		na		
Kentucky		na			A				A				*		na			na		
Louisiana	A				A					na				A				na		
Maine		na			A				A				A					F		
Maryland	A				A					na			A					A		
Massachusetts	A			***	A			***		na					A			F		
Michigan		A			A				A				A							
Minnesota	A			F	A			F	A				A					None		
Mississippi	A			F	A			F		na			A			F		None		
Missouri	A				A				A				*					F		
Montana		na			A					na			A					na		
Nebraska	A			F	A			F		na			A			F		F		
Nevada		na			A				A				*	A				F		
New Hampshire	A				A					na			A					A		
New Jersey		A		F	A			F		na				F				F		
New Mexico	A			F	A			F	A			F	A			F		None		
New York	A				A					na			A					F		
No. Carolina	A			F	A			F		na					A	F		F	A	
North Dakota	A			F	A			F			A				A				A	
Ohio	A			F	A			F	A			F		F				F		
Oklahoma	A				A					na			A					F		
Oregon	A				A				A							F		na		
Pennsylvania		A			A					na			*	A				na		
Rhode Island		na			A					na			A					F		
So. Carolina	A				A				A				A					None		
South Dakota**		na			A				A				A	A				A		
Tennessee	A				A				A				*	F				Unk		
Texas	A			F	A			F	A			F	A			F		F		
Utah		na			A					na			A					na		
Vermont		na			A				A				A					A		
Virginia	A			F	A			F		na			*	F		F		None		
Washington				F	A				A				A					na		
West Virginia	A				A					na				F				F		
Wisconsin		na			A			F	A				*			F				F
Wyoming	A				A				A				A					None		

* A license is required only for FDCH's serving more than 4 children. (In Kentucky, homes serving over 4 children are considered GDCH's.)

** Arkansas: A license is required if FDCH's serve FFP's or more than 6 children; otherwise, an approval procedure is used.
Iowa: FDCH license is voluntary.
Florida: Information pertains to approximately one-half of state; there is currently no licensing for child care in 35 of the 67 counties in Florida.
South Dakota: License for non-relative FDCH; approval for relative FDCH.

*** Contracted facilities are required to meet FIDCR.

TABLE VI: Volume and Process for Centers

Table VI displays multiple aspects of the sanctioning process for Centers, including volume, staff, process, provisional licenses and fees, as follows:

Col. 1 - TOTAL SANCTIONED: centers licensed or otherwise sanctioned. This includes both public and private centers (and Group Day Care Homes in those states which consider homes serving more than 6 children to be centers).

Col. 2 - NUMBER VISITS PER LICENSING STUDY: total number of visits per licensing study, including visits by agency personnel, fire and safety inspectors, if required.

Col. 3 - TIME REQUIRED TO COMPLETE STUDY (Months): time which elapses between the beginning of the series of visits specified in 2, and the issuance of a license or other approval.

Col. 4 - RENEWAL FREQUENCY: actual renewal frequency.

Col. 5 - LOCUS OF RESPONSIBILITY:

S = State responsibility
D = District, including area offices and other multi-county sub-divisions
L = Local, including counties and cities

If two groups share the responsibility, both groups are shown, separated by a -.

Col. 6 - FEES: identifies states which charge a fee for a license to operate.

TABLE VI: Volume and Process for Centers

	A. VOLUME	B. PROCESS			C. STAFF	D. FEES
	1	2	3	4	5	6
	TOTAL SANCTIONED	Number visits per Licensing Study	Time required to complete study (months)	Renewal Frequency	Locus of Responsibility	License Fees
TOTAL	29,987					15
Alabama	705	4-6	2	Ev. 2 Yrs.	S-L	
Alaska	55	4	1	Annual	L	
Arizona	100	4	1-2	Annual	S	X
Arkansas	578	6	1	Annual	D	
California	345	1	1-2	Ev. 2 Yrs.	S-D	
Colorado	474	8	3	Annual	S-L	X
Connecticut	830	3-6	1	Annual	S	X
D.C.	251	3-4	3-18	Annual	S	
Delaware	115	5-10		Annual	S-D	
Florida	Unk	Varies	Varies	Annual	S-L	
Georgia	1,492	2-3	1/2	Annual	D	
Hawaii	216	5	2-6	Annual	D	
Idaho	163	3	1	Annual	D	
Illinois	2,218	1-2	1-2	Ev. 2 Yrs.	D	X
Indiana	276	1-2	Unk	Annual	S	
Iowa	671	2-3	1	Annual	D	
Kansas	739	6	5-6	Annual	S-L	X
Kentucky	683	4	1/2-1	Annual	D	
Louisiana	854	3	Varies	Annual	D	
Maine	80	4-5	3	Annual	S	
Maryland	149	2-3	3	Annual	S	
Massachusetts	1,458	3	1	Ev. 2 Yrs.	D	X
Michigan	1,500	2	1 1/2	Ev. 2 Yrs.	S	
Minnesota	789	2	Unk	Annual	S	X
Mississippi	556	4-5	1	Annual	S	X
Missouri	345	3	2-5	Annual	D-L	
Montana	41	2-3	1	Annual	L	
Nebraska	160	4-5	1-4	Annual	D	X
Nevada	141	Unk	1/2-12	Annual	S-L	X
New Hampshire	427	4	Unk	Ev. 2 Yrs.	D	
New Jersey	1,092	4-5	3	Tri-Annual	S	X
New Mexico	76	4	1	Annual	L	
New York	650	3-5	1	Annual	D-L	
No. Carolina	1,757	1	1/2	Annual	S	
North Dakota	73	3+	Unk	Annual	L	
Ohio	1,666	2	Varies	Annual	S	X
Oklahoma	763	5-6	2	Annual	S	
Oregon	340	6	1 1/2	Annual	D	X
Pennsylvania	832	3	Varies	Annual	S-D	
Rhode Island	132	1-15	Unk	Annual	S	
So. Carolina	557	4-5	3-4	Annual	S-L	X
South Dakota	38	3-6	1/2-2	Annual	L	
Tennessee	1,007	5	1 1/2	Annual	S	X
Texas	2,591	6-8	2	Annual	D	
Utah	85	5-10	1-1½	Annual	S	
Vermont	64	5+	2	Annual	S	
Virginia	461	3-6	2	Annual	D	
Washington	395	7	1	Ev. 2 Yrs.	S	
West Virginia	93	7	5	Ev. 2 Yrs.	S	
Wisconsin	813	2-3	Varies	Ev. 2 Yrs.	D	
Wyoming	91	1	3/4	Annual	S-L	

TABLE VII: Volume and Process for Homes

Table VII displays multiple aspects of the sanctioning process for Homes including volume, process, frequency, locus of responsibility, and fees, as follows:

Col. 1 - NUMBER SANCTIONED: number of homes licensed or otherwise sanctioned. GDCH's are separately identified, where this information is available. FDCH's include family day care homes, in-home care and GDCH's in those states which include homes serving more than 6 children with FDCH's.

Col. 2 - NUMBER VISITS PER LICENSING STUDY: total number of visits per licensing study, including visits by agency personnel, fire and safety inspectors, if required.

Col. 3 - TIME REQUIRED TO COMPLETE STUDY (Months): time which elapses between the beginning of the series of visits specified in 2, and the issuance of a license or other approval.

Col. 4 - RENEWAL FREQUENCY: actual renewal frequency.

Col. 5 - LOCUS OF RESPONSIBILITY:

S = State responsibility
D = District, including area offices and other multi-county sub-divisions
L = Local, including counties and cities

If two groups share the responsibility, both groups are shown, separated by a -.

Col. 6 - FEES: identifies states which charge a fee for a license to operate.

Table VII: Volume and Process for Homes

	A. VOLUME		B. PROCESS			C. STAFF	D. FEES
	1 Number Sanctioned		2	3	4	5	6
	GDCH	FDCH	Number Visits per Licensing Study	Time Required to Complete Study (months)	Renewal Frequency (Annual or Bi-Annual)	Locus of Responsibility	License Fees
TOTAL	4,102	86,201					3
Alabama		1,586	2-4	2	Ev.2 Yrs.	L	
Alaska	na	231	2	1	Annual	L	
Arizona		350	1	1	Annual	L	
Arkansas		Unk	2	3/4	Annual	S-L	
California	3,200	15,000	1	1-2	Ev.2 Yrs.	L	
Colorado		3,632	1-2	1-1½	Annual	L	
Connecticut		1,899	1	Unk	Annual	L	
D.C.	3	254	1-2	3	Annual	S-L	
Delaware		79	4-5	Unk	Annual	S-L	
Florida		Unk	Unk	Unk	Annual	S-L	
Georgia		Unk	1	Varies	Annual	D	
Hawaii		175	2	3	Annual	D	
Idaho	na	484	1	1	Annual	D	
Illinois		6,065	1	1-2	Semi-Ann	D	
Indiana		1,040	1-2	Unk	Annual	L	
Iowa		1,268	1	1	Annual	L	
Kansas		2,625	3	3-4	Annual	S-L	
Kentucky	22	*	4	1/3-1	Annual	D	
Louisiana		437	1	Varies	Annual	L	
Maine	14	246	2	1-3	Annual	S	
Maryland		3,000	2	1	Annual	S	
Massachusetts		1,732	1	1	Annual	D	
Michigan		4,000	2	1½	Semi-Ann	S	
Minnesota	190	4,000	2-3	Unk	Annual	L	
Mississippi		319	6	1	Annual	S	
Missouri	125	1,174	2-3	1½-2	Annual	D-L	
Montana		890	1	1	Annual	L	
Nebraska		550	1-2	½-6	Annual	D	
Nevada	14	239	Unk	2-12	Annual	S-L	X
New Hampshire		600	2	Unk	Ev.2 Yrs.	D	
New Jersey		Unk	2-3	3	**	S-D	
New Mexico		573	1	2 days	Annual	S	
New York		2,025	1	1	Annual	L	
No. Carolina		1,005***	0	0	***	S	
North Dakota	12	670	Unk	Unk	Annual	L	
Ohio	250	3,000	Unk	Unk	Annual	S	
Oklahoma		984	1	1½	Annual	S	
Oregon	46	2,304	2	35days	Annual	L	X
Pennsylvania		1,486	1	Varies	Annual	D	
Rhode Island		425	1	1-2	Annual	S	
So. Carolina	54	225	3-4	3-4	Annual	S-L	X
South Dakota	10	1,441	1-3	1	Annual	L	
Tennessee	110	242	2	½	Annual	S	
Texas		1,747	4	2	Annual	L	
Utah		940	1	½-3/4	Annual	L	
Vermont	18	167	2	1½	Annual	S	
Virginia		2,797	3-4	1½	Annual	L	
Washington		7,580	3-5	3		L	
West Virginia		1,920	1	½	Annual	D	
Wisconsin		2,570	2-3	Varies		L	
Wyoming	34	225	1	3/4	Annual	S-L	

* There is no FDCH classification; homes serving fewer than 4 children are not regulated by the state; homes serving 4-12 children are classified as GDCH's.

** The approval for homes is not renewed, but is reviewed annually.

*** FDCH's are registered, not licensed, in North Carolina; registration is reviewed annually.

TABLE VIII: Provisional Licenses

Table VIII displays the usage of provisional licenses in relation to total volume.

Section A portrays the total number of sanctioned facilities, as follows:

Col. 1 - CENTERS: The total number of public and private centers which have been licensed or otherwise sanctioned.

Col. 2 - HOMES: The total number of sanctioned homes, including GDCH's (where these were separately reported), FDCH's, and in-home providers.

Col. 3 - TOTAL: The total of Col. 1 and Col. 2; i.e., the total number of all sanctioned providers reported by the state. '+' is used to identify situations in which the total is known to be an under-estimation, based on the fact that only partial figures were available.

Section B pertains to the issuance of provisional (conditional or temporary) licenses, as follows:

Cols. 4 and 5 identify the categories of providers to whom provisional licenses may be issued.

Col. 6 - NUMBER ISSUED: The number of provisional licenses issued during 1974-75. This is a reported total for all applicable provider types, and it should be read in conjunction with Cols. 4 and 5.

Col. 7 - INITIAL PERIOD AND/OR MAXIMUM DURATION: The first, or only, figure shows the period for which a provisional license is issued; the second figure reflects the number of renewals allowed, and therefore, shows the maximum time that a facility may operate under a provisional license.

TABLE VIII: Provisional Licenses

	A. NUMBER SANCTIONED			B. PROVISIONAL LICENSES			
	1 Centers	2 Homes	3 Total (74-75)	4 Issued to Centers	5 Issued to Homes	6 Number Issued (74-75)	7 Initial Period and/or Maximum Duration (Months)
TOTAL	29,987	90,303		30	19		
Alabama	705	1,586	2,291	X	X	46	6
Alaska	55	231+	286+	Not Spec.		UNK	12
Arizona	100	350	450	X	--	?	3
Arkansas	578	Unk	578+	X	X	?	6
California	345	18,200	18,545	UNKNOWN			
Colorado	474	3,632	4,106	Not Spec.		?	6-24
Connecticut	830	1,899	2,729	X	--	32	6-12
D.C.	251	257	508	NOT ISSUED			
Delaware	115	79	194	X	--	3	1-2
Florida	UNK	UNK	UNK	Not Spec.		?	12
Georgia	1,492	UNK	1,492+	X	--	149	3-24
Hawaii	216	175	391	X	X	90	6
Idaho	163	484+	647+	Not Spec.		15	1
Illinois	2,218	6,065	8,283	X	--	?	6
Indiana	276	1,040	1,316	X	X	?	12
Iowa	671	1,268	1,939	X	--	200	12
Kansas	739	2,625	3,364	Not Spec.		?	12
Kentucky	683	22	705	X	X	705*	1-12
Louisiana	854	437	1,291	NOT ISSUED			
Maine	80	260	340	Not Spec.		6	3-12
Maryland	149	3,000	3,149	--	X	7	4
Massachusetts	1,458	1,732	3,190	X	--	100	6-12
Michigan	1,500	4,000	5,500	X	X	340	6-24
Minnesota	789	4,190	4,979	--	X	?	12
Mississippi	556	319	875	X	X	70	3-12
Missouri	345	1,190	1,535	NOT ISSUED			
Montana	41	890	931	X	X	?	6
Nebraska	160	550	710	X	X	30	3
Nevada	141	253	394	Not Spec.		?	3
New Hampshire	427	600	1,027	X	--	?	6
New Jersey	1,092	UNK	1,092+	Not Spec.		?	12
New Mexico	76	573	649	X	--	"Few"	4-18
New York	750	2,025	2,675	X	--	150	3
No. Carolina	1,757	3,005	4,762	X	X	?	?
North Dakota	73	682	755	NOT ISSUED			
Ohio	1,666	3,250	4,916	X	--	6	12
Oklahoma	763	984	1,747	X	--	18	3-12
Oregon	340	2,350	2,690	X	X	?	6
Pennsylvania	832	1,486	2,318	Varies by Region			3
Rhode Island	132	425	557	X	--	1	6
So. Carolina	557	279	836	X	X	757	No Limit
South Dakota	38	1,451	1,489	X	X	90% of New	12-36
Tennessee	1,007	352	1,359	Not Spec.		253	12-24
Texas	2,591	1,747	4,338	NOT ISSUED			
Utah	85	940	1,025	X	X	0	6
Vermont	64	185	249	X	X	100(Est)	3-12
Virginia	461	2,797	3,258	Not Spec.		?	6-24
Washington	395	7,580	7,975	Not Spec.		?	6-24
West Virginia	93	1,920	2,013	X	X	30	12
Wisconsin	813	2,570	3,383	X	X	?	6-24
Wyoming	91	259	350	Not Spec.		?	6

* Issued to all applicants as a "Permit to Open", pending a licensing study.

LICENSING AND OTHER SANCTIONS

Narrative Summary

As shown in Table I, there is consistently broad participation in the standards development process, with every state reporting that multiple groups have been involved. State staff were uniformly involved and they were joined by an advisory committee and/or other community groups and persons in 43 and 41 states, respectively. Local level staff reportedly were actively involved in 26 states, and direct participation by the legislature was mentioned by five states.

Standards have been developed for day care centers in every one of the 51 states and standards for group day care homes and for family day care homes have been developed in virtually every state that uses these forms of care. On the other hand, the development of standards for in-home care is a relatively recent phenomena; 20 states report the existence of in-home standards. For the most part, standards for centers and homes have been updated within the past few years: only ten states are still using center or home standards which were developed in 1968 or earlier, whereas 16 states have revised either, or both, in the last year or so. An additional 14 states were in the process of updating their standards at the time of the site visit.

Table II displays the staff:child ratios contained in state standards for centers. Examination of these figures reveals that the variation among states in this regard is extremely great. Ten states have no standards for children under the age of two and those that do vary from 1:3 to 1:10 for children under the age of one. Five states have no specified ratios for children six and older, and those that do vary from 1:10 to 1:30. A comparable mix is evident for each of the intervening years. Six to eight states have staff:child ratios which show a reasonable approximation to the FIDCR ratios.

Where information was available relative to changes in staff:child ratios as a result of recent standard revisions, there was a clear trend toward reducing the number of children permitted per adult. Since standard revision was frequently based on a prior study of federal and other states' standards, it is highly likely that FIDCR (and such documents as the OCD-developed Model Standards) have played a positive role in encouraging states to upgrade standards.

Nonetheless, the staff:child ratio component of FIDCR was the area most frequently cited as a problem, primarily in terms of the actual, or anticipated, increase in costs which would result from an increase in the staff:child ratio. And considerable concern was expressed about the possibility that vastly increased costs could result in the emergence of a dual (and consequently segregated) system.

The other areas covered in state standards for centers were also explored and reported in Table III. Virtually every state was found to have standards pertaining to facilities, administration, health, safety and nutrition. Programmatic elements and staff qualifications are covered in the standards of 42 and 37 states, respectively. About half of the states have components pertaining to transportation, staff training and discipline. Nineteen states have standards pertaining to parent involvement (beyond a simple statement relative to communicating with parents); 16 have specific clauses prohibiting discrimination; and 13 cover monitoring and social services. There are special provisions for infant care in 25 states, for night care in 14, and for handicapped in 3.

As indicated in the introduction, however, it is important to recognize that the identified presence of a standard does not speak to either the adequacy or specificity of that standard. No such analysis was undertaken as part of the present study, and further review in this regard is clearly indicated.

It should also be mentioned that a sizable number of states felt that one or more of the areas specified in their standards were far more stringent and explicit than the corresponding requirements in FIDCR.

Comments about the FIDCR components, other than staff:child ratios, generally focused on this lack of specificity, although questions were also raised about duplication of some of the components with services available from other sources (e.g., health and social services), as well as the appropriateness of covering so many facets within the child day care context.

Standards for homes (contained in Table IV) showed somewhat less variation in terms of staff:child ratios:

- Group Day Care Homes -- Where group homes are identified as a separate category, they range in maximum size from six to 15, but the majority define 12 as the limit for group day care homes; and a ratio of 1:5 or 1:6 is typical.

- Family Day Care Homes -- Six children, including the day care mother's own children, is the dominant specification for family day care homes (i.e., a maximum of six is specified by 33 states, and 26 of these stipulate that this is inclusive of the provider's children). 11 states limit family day care homes to five or fewer children, and four states permit seven children to be cared for by a single adult. In 18 states, the maximum number permitted in a family day care home is reduced by at least one child if there are any infants included. Twenty-nine states specify that the maximum number of infants who may be included in a family day care home is two; six states set the infant limit at three; three states set it at four; and 13 states make no specification.

The pattern in terms of the other areas covered in home standards parallels that reported for centers. We heard very few comments about FIDCR in relation to home care.

Five states (Alabama, Georgia, Kansas, Maine and South Dakota) have different standards and/or sanctions for relative and for non-relative home care.

Table V portrays the sanctions which are required in order for a provider to be legally qualified to serve children in each of the states.

For states which have publicly-operated centers, all but six require that all of the public centers be licensed: of these six, four require that all be approved; one requires that all be certified for compliance with FIDCR; and one requires certification for centers serving FFP-eligibles only.

Without exception, all of the states require that private centers be licensed.

Twenty-one states require some additional sanctions for centers serving FFP children. Of these:

1 has an approval process which goes beyond licensing but falls short of full compliance with FIDCR

17 specifically require compliance with FIDCR for all centers serving FFP children

3 require that contracted centers comply with FIDCR

Where group day care homes are identified as a separate category, the sanctioning requirements are almost identical to those used for private centers.

For family day care homes, the sanctions required are somewhat less stringent than those required for centers, with multiple variations. The dominant patterns are detailed below:

- 32 states require that all FDCH's be licensed. Of these, seven also certify homes serving FFP children for compliance with FIDCR.
- 7 require licenses only for FDCH's serving four or more children. For homes serving fewer than four children, these states use a variety of approaches, with the majority requiring approval and/or certification in lieu of a license, particularly for homes serving FFP eligibles.
- 6 utilize an approval process in lieu of licensure for FDCH's of all sizes; of these, two approve all FDCH's and four approve only those serving FFP-eligibles.
- 3 (Massachusetts, North Dakota, and North Carolina) use a registration procedure. The methods included under this heading vary for each of the three states involved.

The dominant mode of sanctioning in-home care providers is approval and, of the 25 states which use this approach, 18 use it only for providers serving FFP eligibles. Three states certify in-home providers; two license them; one registers in-home providers; and the balance of the states either do not use in-home providers for FFP children -- or they use them without any sanctioning process.

Tables VI and VII display the volume and processes for sanctioning centers and homes, respectively. First, we may note that all but one state was able to provide an estimated total for the number of licensed centers and all but four could provide figures for homes. If we conceive of the ability to provide information as an index of management involvement, this is a better level of information than was accessible for most of the other sub-systems. As regards the numbers themselves, they vary widely, based both on program size and the relative emphasis placed on each provider type.

For centers, we note that the standard renewal frequency is annual, with only ten exceptions. Of these, nine states renew licenses every two years and one state (New Jersey) renews center licenses every three years. The number of visits required to complete a licensing study varies between and within states, from a low of one to a high of 15 (including worker visits, fire and sanitation inspections, etc.). The time period varies widely also -- from less than a month to over a year -- although there is no systematically-related variation between the number of visits and the time lapse required to complete a study.

The processes for homes are very similar to those described for centers, although the number of visits required and the time lapse between application and issuance of the license or other sanction tends to be considerably less.

Tables VI and VII also include information on the locus of responsibility for licensing. As anticipated, state and district personnel are more heavily involved in licensing centers, whereas local staff more frequently license or approve homes, although there is considerable variation in relation to both provider types.

One of the most interesting findings is the variation in the use of provisional licenses, presented in Table VIII. Thus, five states do not issue provisional licenses at all and six states issue very few (i.e., under 1%). On the other hand, several states use provisional licenses very extensively, as follows:

- Kentucky issued a provisional license to all provider applicants as a "permit to open;" this enabled the providers to operate for 12 months without fully meeting licensing requirements.

- South Carolina issued a provisional license to virtually every provider applicant during the past year, and provisional licenses are renewable indefinitely.

- Vermont issued a large number of provisional licenses to family day care homes; these are technically limited to three months, but they may actually continue for a longer period (up to one year).

- In South Dakota, a provisional license may run from 12-36 months, and provisional licenses are issued to 90% of new applicants.

States which rely heavily on provisional licenses stressed the fact that they are used primarily to enable facilities to operate while licensing studies are in progress and that they are not issued to facilities with major deficiencies in the health and safety areas. Eighteen states were unable to estimate the number of provisional licenses issued.

Based on the criteria for the licensing subsystem, we may briefly recap the relevant findings, as follows:

1) All states have licensing standards for centers and virtually all have standards for homes as well. Most of the standards cover the essential elements, although there are extremely wide variations among them, particularly with reference to center staff:child ratios. (In this connection, we noted that only a handful have standards that even approximate FIDCR.) A particularly positive finding which was noted was the breadth of involvement in the standard development process.

2) With reference to process, we found that:

- Virtually all states require that all of their public and private centers and all of their group day care homes be licensed

- Almost all of the states require some sanction for family day care homes, but there is considerable experimentation in terms of the type of sanction required; thus, while the majority require that family day care homes be licensed, some use an approval process instead of a license, some have different sanctioning requirements for particular sub-categories, still others use a registration process, etc.

- Twenty-five states use some form of sanction in regard to in-home providers, particularly those serving FFP children

- Provisional licenses are used very differentially, and, in some instances, their use appears to be inadequately controlled (particularly with reference to the period of time during which a provider may operate under a provisional license)

3) Procedures have been established for review and relicensing on a regular basis. In most instances, this review takes place annually, although there are a number which relicense every two years and one which relicenses every three years.

4) The final criteria which we developed for this subsystem stipulates that "for all federally-supported day care services, a process has been, or is being, initiated to ensure that federal standards are being met." Although implementation is not yet being mandated, we investigated the extent to which this was occurring and discovered that 17 states do, in fact, certify centers serving FFP children for compliance with FIDCR, in addition to their regular licensing requirements, and three others require that contracted centers comply with FIDCR.

While a study of the impact of FIDCR is beyond the scope of the present study, we know that this is a high priority within the Department of Health, Education and Welfare. We would, therefore, like to call attention to the existence of what might be termed "natural laboratories" for the study of the impact of FIDCR, based on this finding. Thus, of the 20 states which require certification of center providers that serve FFP children, three have licensing standards which approximate FIDCR. The other 17, however, are enforcing different standards for centers serving FFP children than they are for those which are not; they, therefore, comprise an excellent laboratory for studying the impact and cost of enforcing FIDCR standards as compared with the impact and cost of enforcing only the states' own standards.

MONITORING

Definition

Monitoring is generally defined as "surveillance of the extent to which one does what he/she purports to do."

In the present study, monitoring covers all those procedures which relate to the on-going over-seeing of two primary groupings: first, for child care service providers, monitoring encompasses all activities utilized to assess the extent to which providers are actually functioning in compliance with the regulations which are set up to govern their performance; and secondly, it includes all activities which are used by one level of management to verify that a subordinate level of management is fulfilling its responsibilities in compliance with the regulations governing those responsibilities (e.g., monitoring of district or area offices by state offices).

The terms "monitoring" and "evaluation" are frequently used interchangeably to characterize these surveillance procedures; e.g., FIDCR specifies that " . . . day care facilities must be periodically evaluated in terms of the Federal Interagency Day Care Standards"; and state respondents often used the term "evaluation" to describe their over-seeing of provider compliance. For our purposes, however, the quantitative and qualitative comparison of facilities and practices with standards will be uniformly characterized as "monitoring." (Evaluation, treated as a separate sub-system, is being defined as "the systematic measurement of the extent to which specific objectives have been achieved.")

In definitional terms, we have also attempted to distinquish between monitoring and licensing studies and renewals, to the extent possible, by defining monitoring as a systematic

Definition (cont.)

and periodic process for determining on-going compliance with standards; i.e., it must occur separately from, and in addition to, the regular licensing study if it is to be characterized as a monitoring function. In practice, there may be considerable over-lap between these two functions: thus, where monitoring is performed by licensing workers at intervals which exactly coincide with re-licensing studies (i.e., annually or bi-annually), there is a likelihood that the two functions have, in fact, been merged.

Based on the foregoing, our working definition of monitoring is as follows:

> The systematic, periodic surveillance of providers and subordinate levels of management to assess the extent to which their actual on-going practice is both quantitatively and qualitatively in compliance with the regulations governing those practices.

In order to operationalize this definition (and permit the structuring of questions which would enable us to determine whether, and to what extent, a functioning monitoring sub-system is in operation), we have formulated an objective and criteria for a monitoring sub-system, as follows:

Objective

To obtain systematic, substantive information on a periodic basis in order to verify that on-going practice is in compliance with established regulations or to provide a basis for moving toward the achievement of compliance with those regulations.

Criteria

1. Entities (divisions, units or persons) have been designated, with responsibility for performing the monitoring function.

2. A monitoring process has been established and is being implemented which is:

   a. reasonably comprehensive;

   b. periodic and on-going;

   c. systematic;

   d. based on existing, relevant regulations.

3. The monitoring process has resulted in:

   a. information which provides an adequate basis for determining the extent of compliance;

   b. activities leading to increased compliance or elimination of areas of non-compliance.

Areas of Investigation

Based on the criteria, the areas for investigation were outlined for the guidance of field analysts in conducting personal interviews with monitoring personnel at the state and local levels. The following is abstracted from the Topic Guide section on Monitoring.

1. Describe the organizational arrangements for child care monitoring, including:

   a. agencies and departments involved;

   b. roles of state and local jurisdictions.

Areas of Investigation (cont.)

2. Secure estimates of the number of staff (in full-time equivalents) allocated to the child care monitoring function.

3. Specify all types of monitoring activities which are performed (including direct monitoring of child care providers, monitoring of local management personnel, fiscal monitoring, etc.).

4. For each type of monitoring, specify:

   a. the number and proportion of entities monitored;

   b. the average frequency of monitoring;

   c. the average time expended in monitoring each unit.

4. Describe the content of monitoring.

5. Determine the extent of systematization (e.g., are instruments or guides used? Are monitoring efforts regularly scheduled?)

6. Describe the strategies used in monitoring child care (phone calls, mailed forms, site visits, etc.) and indicate the dominant forms.

7. Detail the nature of policies and/or regulations which govern monitoring.

8. Secure an estimate of the proportion of providers who are out of compliance, by

Areas of Investigation (cont.)

provider type, and specify the areas which are most difficult for providers to comply with.

9. Describe follow-up actions in relation to providers who are found to be out of compliance.

Responses secured in the course of these interviews were recorded and submitted for state review. The key findings in each area were then tabulated on a cross-site basis and the resultant data is presented in the section which follows.

TABLE I: Entities (Workers) Performing Monitoring Function

Table I presents a tabulation of the entities (workers) who have responsibility for monitoring centers and homes.

Section A. - CENTERS: identifies the types of workers having responsibility for monitoring centers, as follows:

Col. 1 - LICENSING WORKERS: workers whose primary job is licensing or approving facilities.

Col. 2 - DAY CARE WORKERS: workers who have multiple child day care management functions (other than licensing) in addition to monitoring. Such "multiple other functions" may include information and referral, client eligibility determinations provider recruitment, training and technical assistance, etc.

Col. 3 - SPECIAL MONITORS-ALL SOCIAL SERVICES: workers who have monitoring as their primary responsibility but who monitor a variety of social service programs, including child care.

Col. 4 - SPECIAL MONITORS-DAY CARE ONLY: workers who have monitoring as their primary responsibility and who monitor child day care programs only.

Col. 5 - POS UNIT: members of the Purchase of Service Unit who monitor for compliance with contract provisions.

If more than one entity is involved in monitoring, all appropriate columns are marked.

Section B. - HOMES: identifies the types of workers having responsibility for monitoring homes, as shown above.

TABLE I: Entities (Workers) Performing Monitoring Function

	A. CENTERS					B. HOMES				
	1 Licensing Workers	2 Day Care Workers *	3 Special Monitors - All Social Services	4 Special Monitors - Day Care Only	5 POS Unit	1 Licensing Workers	2 Day Care Workers *	3 Special Monitors - All Social Services	4 Special Monitors - Day Care Only	5 POS Unit
TOTAL	35	15	7	8	13	31	21	4	3	8
Alabama		X					X			
Alaska	X					X				
Arizona	X			X			X			
Arkansas			X					X***		
California			X	X				X	X	
Colorado	X	X				X	X			
Connecticut	X	X					X**			
D.C.				X					X	
Delaware				X		X				
Florida	X					X				
Georgia	X				X		X			
Hawaii	X				X	X				X
Idaho	X					X				
Illinois	X			X	X	X				X
Indiana	X				X	X				
Iowa **	X	X				X	X			
Kansas	X	X				X	X			
Kentucky			X			NONE				
Louisiana					X		X			
Maine	X					X				
Maryland	X	X				X	X			
Massachusetts	X				X	X				X
Michigan	X					X				
Minnesota	X				X	X				X
Mississippi					X	NONE				
Missouri	X				X	X				X
Montana			X			X				
Nebraska	X					X				
Nevada	X					X				
New Hampshire		X					X			
New Jersey			X	X			X			
New Mexico	X				X		X			
New York	Varies by county					Varies by county				
No. Carolina	X	X					X			
North Dakota		X					X			
Ohio	X			X	X	X			X	X
Oklahoma	X					X				
Oregon	X					X				
Pennsylvania	X					X				
Rhode Island	X	X				X	X			
So. Carolina	X	X	X		X	X	X	X		X
South Dakota		X					X			
Tennessee	X		X			X		X		
Texas	X	X			X	X	X			X
Utah	X					X				
Vermont		X					X			
Virginia	X					X	X			
Washington	X					X				
West Virginia	X	X		X			X			
Wisconsin	X					X				
Wyoming	Varies by county					Varies by county				

* Includes SAU-WIN + Social Service workers with day care responsibilities.

** In Iowa, no monitoring is undertaken apart from re-licensing and investigation of complaints; in Connecticut, the same situation is true in regard to home monitoring only.

*** GDCH's only; there is no monitoring of FDCH's.

TABLE II: Comprehensiveness of Effort

Table II presents a tabulation of the two measures of the comprehensiveness of the monitoring effort: the percentage monitored and the time spent in monitoring.

Section A. - PERCENT OF CENTERS MONITORED: the percentage of centers monitored is shown in relation to each of the following categories:

Col. 1 - PERCENT OF ALL SANCTIONED: responses shown in this column are inclusive of the remaining two categories; thus, if 100% of all sanctioned centers are monitored, the assumption is made that 100% of centers serving FFP's and 100% of contracted centers are also monitored, since these facilities would presumably be included among the sanctioned centers.

Col. 2 - PERCENT OF THOSE SERVING FFP's: the percentage of all centers serving federally subsidized children. This category is a sub-set of the total universe of sanctioned facilities and is presumed to include contracted facilities.

Col. 3 - CONTRACTED: the percentage of contracted centers which are monitored. Where monitoring is limited to this narrowly defined category, the percentages in columns 1 and 2 are adjusted proportionately. Thus, for example, if 100% of contracted centers are the only centers monitored, the percentage for Col. 1 would be computed as follows: # Contracted Centers ÷ by # All Sanctioned Centers = % of Sanctioned Centers Monitored.

Col. 4 - UNKNOWN: the percentage of facilities monitored statewide could not be ascertained.

Section B. - PERCENT OF HOMES MONITORED: percentage of homes monitored, based upon the categories described above (Columns 1 through 4).

Section C. - HOURS SPENT, PER UNIT: specifies the average number of hours spent monitoring each facility during a single monitoring effort. Where ranges were provided by respondents, the mid-point was utilized to represent the average.

Col. 5 - CENTERS: average number of hours spent monitoring a center, during a single monitoring effort.

Col. 6 - HOMES: average number of hours spent monitoring a single home, during one monitoring effort.

TABLE II: Comprehensiveness of Effort

	A. PERCENT OF CENTERS MONITORED				B. PERCENT OF HOMES MONITORED				C. HOURS SPENT, PER UNIT	
	1	2	3	4	1	2	3	4	5	6
	Percent of All Sanctioned	Percent of Those Serving FFP's	Contracted	Statewide Information Unavailable	Percent of All Sanctioned	Percent of Those Serving FFP's	Contracted	Statewide Information Unavailable	Centers	Homes
TOTAL				5				12		
Alabama	100	100	100		100	100	100		12	3
Alaska	100	100	100		100	100	100		Unk	Unk
Arizona	70	100	100		100	100	100		2	1
Arkansas	3	Unk	Unk		0	0	0		6	Unk
California	VARIES BY AGENCY*				VARIES BY AGENCY*				1½ - 3	1½ - 3
Colorado	44	100	Unk		55	100	Unk		3	1½
Connecticut	38	Unk	Unk					X	3	Unk
D.C.	41	100	100		30	100	Unk		3	2
Delaware	Unk	100	100		Unk	100	100		2	1½
Florida	100	100	100		Unk	100	100		8	3
Georgia	100	100	100		Unk	100	na		2	1½
Hawaii	Unk	Unk	100		Unk	Unk	100		Unk	Unk
Idaho	100	100	100		100	100	100		2	1
Illinois	100	100	100		80	Unk	Unk		2-3	2-3
Indiana	100	100	100					X	3	Varies
Iowa	90	100	100		25	100	Unk		10	5½
Kansas	7	10	Unk		1	2	Unk		8	3
Kentucky	Unk	Unk	100		0	0	0		1½	0
Louisiana	3	3	100		100	100	Unk		64	Unk
Maine	100	100	100		100	100	100		2	1
Maryland	100	100	100		60	100	Unk		6	4
Massachusetts	60	Unk	100		40	Unk	100		1½	1½
Michigan	100	100	100		100	100	100		8	3
Minnesota	15	Unk	10		Varies by Worker			X	3½	Varies
Mississippi	10	Unk	100		0	0	0		13½	0
Missouri	100	100	100					X	2	1½
Montana	37	100	100		Local Discretion			X	6	Unk
Nebraska	Varies by County			X	Varies by County			X	2½	2
Nevada **	56	Unk	Unk		56	Unk	Unk		Unk	Unk
New Hampshire	100	100	100		Unk	Unk	100		8	4
New Jersey	Unk	Unk	100		100	100	Unk		8	3/4
New Mexico	Unk	Unk	100		0	0	0		Unk	Unk
New York	Varies by County			X	Varies by County			X	Varies by County	
No. Carolina	18	80-90	Unk		3	80-90	Unk		4-14	4-10
North Dakota	2	Unk	Unk					X	3/4	3/4
Ohio	100	100	Unk		100	100	Unk		Varies	Varies
Oklahoma	100	100	na		100	100	na		1	3/4
Oregon	100	100	100		100	100	100		3	1.5
Pennsylvania	100	100	100		100	100	100		2	1
Rhode Island	100	100	na		100	100	na		8	1
So. Carolina	100	100	100		100	100	100		6	1½
South Dakota				X				X	Unk	Unk
Tennessee				X				X	4	1½
Texas	100	100	100		100	100	100		4½	1½
Utah	100	100	na		100	100	na		1½	1½
Vermont			na	X			na	X	½	½
Virginia	100	100	na		100	100	na		4	4
Washington	100	100	100		100	100	100		2	2
West Virginia	100	100	100		Unk	100	100		5	1
Wisconsin	100	100	100		100	100	100		8	3-4
Wyoming	Varies by County			X	Varies by County			X	Varies by County	

* In California, the Department of Health monitors 28 percent of all centers and homes, while the State Department of Education monitors 100 percent of both centers and homes.

** Represents composite activities of three autonomous jurisdictions.

TABLE III: Frequency of Monitoring Contacts

Table III displays the frequency of monitoring visits, for both centers and homes.

Section A. - CENTERS: frequency of monitoring visits to centers, as shown below:

Col. 1 - MONTHLY

Col. 2 - BI-MONTHLY: every other month

Col. 3 - QUARTERLY: every third month

Col. 4 - SEMI-ANNUALLY: every sixth month

Col. 5 - ANNUALLY

Col. 6 - IRREGULARLY: variously described as "sporadic" or "as needed".

Section B. - HOMES: frequency of monitoring visits to homes, as shown in Columns 1 through 6 above.

Col. 7 - NONE: homes are not monitored (this category was omitted for centers, since there were no responses in this category).

TABLE III: Frequency of Monitoring Contacts

	A. CENTERS						B. HOMES						
	1	2	3	4	5	6	1	2	3	4	5	6	7
	Monthly	Bi-Monthly	Quarterly	Semi-Annually	Annually	Irregularly	Monthly	Bi-Monthly	Quarterly	Semi-Annually	Annually	Irregularly	None
TOTAL	4	1	14	10	18	5	4	0	13	8	15	7	3
Alabama			X						X				
Alaska					X						X		
Arizona				X						X			
Arkansas						X							X
California					X *	X *					X *	X *	
Colorado					X						X		
Connecticut			X *	X *	X *							X	
D.C.	X								X				
Delaware	X						X *		X *				
Florida				X			X *			X			
Georgia			X						X				
Hawaii				X						X			
Idaho				X						X			
Illinois					X *	X *					X *	X *	
Indiana			X *		X *							X	
Iowa					X						X		
Kansas					X						X		
Kentucky					X								X
Louisiana					X				X				
Maine			X							X			
Maryland					X						X		
Massachusetts			X						X				
Michigan					X						X		
Minnesota					X						X		
Mississippi				X									X
Missouri			X						X				
Montana			X									X	
Nebraska				X							X		
Nevada			X						X				
New Hampshire					X						X		
New Jersey		X							X				
New Mexico	No Statewide Data												
New York	No Statewide Data												
No. Carolina					X						X		
North Dakota						X						X	
Ohio					X						X		
Oklahoma	X						X						
Oregon			X								X		
Pennsylvania				X						X			
Rhode Island					X				X				
So. Carolina	X						X						
South Dakota						X						X	
Tennessee	No Statewide Data												
Texas			X						X				
Utah			X						X				
Vermont			X						X				
Virginia			X						X *	X *			
Washington					X				X				
West Virginia				X							X		
Wisconsin				X						X			
Wyoming	No Statewide Data												

* Explanation of multiple entries:

California and Illinois: Two different agencies are involved.

Florida: Monthly monitoring of homes is for WIN only; the balance are monitored semi-annually.

Delaware: GDCH's are monitored monthly; FDCH's are monitored quarterly.

Virginia: Licensed homes are monitored quarterly; approved homes are monitored semi-annually.

Connecticut: Different categories of center providers are monitored at different intervals (e.g., public centers are monitored quarterly or semi-annually, and private centers are monitored annually).

Indiana: Contracted centers are monitored quarterly; all other centers are monitored annually.

TABLE IV: Systematization: Dominant Methods of Instrumentation

Table IV shows the degree of systematization of monitoring studies, along two dimensions:

Section A. - DOMINANT METHODS: methods utilized in conducting monitoring studies, for centers and homes combined, including:

Col. 1 - ANNOUNCED VISITS: site visits conducted on a regularly-scheduled basis, with advance notice to providers.

Col. 2 - UNANNOUNCED VISITS: site visits which are unannounced or unexpected; drop-in visits.

Col. 3 - PHONE CALLS

Col. 4 - MAILED FORMS: self-report forms, mailed to the providers.

Col. 5 - UNKNOWN: the monitoring method was not reported.

Multiple checks (x) are used to describe all of the methods reported.

Key to Symbols internal to Section A.:

x = method is utilized

xx = method is identified as dominant by the state

Section B. - FORMAL INSTRUMENTS: this section indicates whether or not the use of formalized monitoring instruments was reported. Such instruments, when used, are frequently in the form of standardized check-lists. The extent of usage is described internal to the chart, as shown below:

Key to Symbols internal to Section B.:

S = Formal instruments for monitoring are used throughout the STATE.

Sp = Formal instruments are used statewide, but limited in terms of the facilities to which they are applied (i.e., centers only).

L = Instruments are used in some LOCAL jurisdictions, based on local choice.

None = No formalized monitoring instruments are used (use of check-lists as part of licensing or relicensing studies would be classified as "none").

TABLE IV: Systematization: Dominant Methods & Instrumentation

	A. DOMINANT METHODS					B.
	1 Announced Visits	2 Unannounced Visits	3 Phone Calls	4 Mailed Forms	5 Unknown	Formal Instruments
TOTAL	44	34	18	9	0	
Alabama	X	X	X			Sp
Alaska	X					S
Arizona	X	X	X			S
Arkansas	XX			X		L
California	XX					S
Colorado	X	X	X	X		S
Connecticut	XX		X			Sp
D.C.		XX				S
Delaware	X	X	X			None
Florida	XX	X	X			S
Georgia		XX	X	X		S
Hawaii	XX					S
Idaho	X	X				S/L
Illinois	XX	X				S
Indiana	XX	X				None
Iowa	X	X	X			None
Kansas	X	X		X		S
Kentucky	XX					S
Louisiana	XX		X			Sp
Maine	XX	X	X	X		S
Maryland	XX					S
Massachusetts	XX	X	X	X		S
Michigan	XX	X	X			S
Minnesota	XX	X				S
Mississippi	XX					S
Missouri	XX					S
Montana	XX	X				L
Nebraska	X	X	X			None
Nevada		XX				L
New Hampshire	XX	X	X			S
New Jersey	XX					None
New Mexico	XX					S
New York	Varies by county					L
No. Carolina	X	X	X	X		S
North Dakota	X	X				None
Ohio	XX	X				S
Oklahoma	X	XX				S
Oregon	XX	X				S
Pennsylvania	X	XX				S
Rhode Island	XX		X	X		None
So. Carolina	XX	X	X	X		S
South Dakota	XX					S
Tennessee	X	X				None
Texas	XX	X				S
Utah		XX				S
Vermont		XX				S
Virginia	XX	X				S
Washington	XX	X				S
West Virginia	X					S
Wisconsin	XX	X	X			S/L
Wyoming	No information available					None

TABLE V: Content of Monitoring

Table V specifies the content of monitoring for centers and homes.

Section A. - CENTERS: content basis for monitoring of centers, including:

Col. 1 - CONTRACT COMPLIANCE: monitoring for compliance with contractual provision; this area is applicable only to providers operating under a Purchase of Service Contract.

Col. 2 - COMPLIANCE WITH STATE STANDARDS: monitoring for compliance with state standards, applicable to all provider categories for whom standards have been developed.

Col. 3 - MONITORING FOR COMPLIANCE WITH FIDCR--ALL: FIDCR standards are used as a basis for monitoring all providers, including those serving private consumers as well as subsidized programs.

Col. 4 - FIDCR COMPLIANCE--FFP ONLY: FIDCR standards are used as the basis for monitoring only those providers who serve federally-subsidized consumers.

Section B. - HOMES: the content basis for monitoring homes, inclusive of all types of homes which are monitored.

Col. 1 - 4 (See above)

Col. 5 - OTHER: an assessment is made of the child's adjustment in the home, but there is no systematic attempt to ascertain the extent of compliance with a particular set of standards.

Verbal comments internal to the chart are self-explanatory, e.g.,

NONE = No monitoring is done

Varies by county or district - state personnel could not provide a specific response because of the extent of variation on a county-by-county or district-by district basis

Relicensing study = The licensing review is considered to be a monitoring process, but no separate monitoring is undertaken.

TABLE V: Content of Monitoring

	A. CENTERS				B. HOMES				
	1 Contract Compliance	2 Compliance With State Standards	3 FIDCR Compliance--All	4 FIDCR Compliance--FFP Only	1 Contract Compliance	2 Compliance With State Standards	3 FIDCR Compliance--All	4 FIDCR Compliance--FFP Only	5 Other**
TOTAL	24	44	3	19	14	33	4	12	4
Alabama	X	X			X	X		X	
Alaska	Relicensing Study				Relicensing Study				
Arizona	X	X							X
Arkansas		X*		X*	GDCH's Only				
California	X	X	X		X	X		X	
Colorado		X		X		X		X	
Connecticut		X			Relicensing Study				
D.C.	X	X		X	X	X		X	
Delaware	X	X			X	X			
Florida	X	X			X	X		X	
Georgia	X	X			Varies by County				
Hawaii	X			*					X
Idaho	X	X	Unk		X	X	Unk		
Illinois	X	X		X	X	X			
Indiana	X	X		X		X			
Iowa	Relicensing Study				Relicensing Study				
Kansas		X		X		X		X	
Kentucky	X	X		X	NONE				
Louisiana		X							X
Maine		X	X			X	X		
Maryland		X		X		X		X	
Massachusetts	X	X			X*	X			
Michigan		X				X			
Minnesota	X	X		X		X			
Mississippi	X	X		X	NONE				
Missouri	X	X			X	X			
Montana	X	X			Varies by District				
Nebraska	Varies by County				Varies by County				
Nevada		X				X			
New Hampshire		X				X			
New Jersey	X	X		X		X		X	
New Mexico	X	X		*					X
New York	Varies by County				Varies by County				
No. Carolina		X		*		X		*	
North Dakota		X		X		X		X	
Ohio		X		X				X	
Oklahoma		X				X			
Oregon	X	X		X	X	X	X		
Pennsylvania		X		X		X			
Rhode Island	"In conformity with Title XX specifications."								
So. Carolina	X	X		X	X	X		X	
South Dakota		X				X			
Tennessee		X				X			
Texas	X	X		X	X	X		X	
Utah		X				X			
Vermont		X				X			
Virginia		X				X			
Washington	X	X	X	X	X	X	X	X	
West Virginia		X				X			
Wisconsin	X	X		X	X		X		
Wyoming	No Information Available								

* Arkansas: primary effort to date is the testing of monitoring instruments.
Hawaii and New Mexico: contracted centers are monitored for compliance with FIDCR.
Massachusetts: applies to family day care home systems, rather than independent family day care homes.
North Carolina: special monitoring for compliance with state's certification standards.

** "Other" generally refers to an assessment of the child's adjustment in the home.

TABLE VI: Areas of Compliance Difficulty

Table VI portrays the areas of compliance difficulty. The areas defined were derived by coding the open ended responses received and no other categories were mentioned.

The difficulties identified relate to the difficulties encountered in achieving compliance with the particular standards which serve as the basis for monitoring; thus, where monitoring is based on state standards, difficulties identified are those encountered in achieving compliance with state standards; where monitoring is based on compliance with FIDCR, the difficulties identified would be those which pertain to achieving compliance with FIDCR. It is therefore suggested that Tables V and VI be viewed together.

Col. 1 - ADMINISTRATION: includes personnel management, policy development, fiscal management, etc.

Col. 2 - RECORD-KEEPING

Col. 3 - STAFF/CHILD RATIOS: as indicated above, this may mean difficulty in achieving compliance with state-specified staff/child ratio or difficulty in achieving compliance with FIDCR ratios, depending upon which standard serves as a basis for the monitoring effort.

Col. 4 - PHYSICAL PLAN: any aspect of the facilities' characteristics specified in the standards, fire regulations, sanitation code, etc.

Col. 5 - STAFF TRAINING

Col. 6 - HEALTH: emergency medical provisions, medical clearances for staff and children.

Col. 7 - NUTRITION

Col. 8 - PARENT INVOLVEMENT

Col. 9 - UNKNOWN: respondents were unable to identify areas of compliance difficulty.

Categories are not mutually exclusive and multiple responses are included. Difficulties encountered by centers and/or homes are included together.

TABLE VI: Areas of Compliance Difficulty

	AREAS OF COMPLIANCE DIFFICULTY								
	1 Administration	2 Record-Keeping	3 Staff/Child Ratios	4 Physical Plant	5 Staff Training	6 Health	7 Nutrition	8 Parent Involvement	9 Unknown
TOTAL	3	8	36	21	14	21	8	15	6
Alabama			X		X	X			
Alaska			X	X					
Arizona			X			X			
Arkansas			X			X			
California									X
Colorado		X	X				X		
Connecticut	X	X						X	
D.C.			X	X					
Delaware		X	X			X			
Florida			X					X	
Georgia									X
Hawaii			X						
Idaho			X	X			X	X	
Illinois			X	X				X	
Indiana			X	X	X	X		X	
Iowa			X	X		X			
Kansas			X		X	X	X		
Kentucky		X	X	X				X	
Louisiana			X						
Maine				X				X	
Maryland		X		X	X	X	X		
Massachusetts			X	X	X				
Michigan			X	X		X			
Minnesota	X	X	X			X		X	
Mississippi									X
Missouri			X						
Montana			X	X	X				
Nebraska			X		X	X			
Nevada		X		X		X	X		
New Hampshire			X	X	X	X			
New Jersey								X	
New Mexico									X
New York			X	X				X	
No. Carolina			X		X				
North Dakota									X
Ohio			X	X		X		X	
Oklahoma			X	X	X			X	
Oregon			X		X			X	
Pennsylvania			X		X				
Rhode Island				X		X			
So. Carolina			X	X		X		X	
South Dakota			X	X			X		
Tennessee	X		X		X				
Texas			X			X	X		
Utah		X	X	X		X			
Vermont						X			
Virginia						X			
Washington					X			X	
West Virginia			X			X	X		
Wisconsin			X					X	
Wyoming									X

MONITORING

Narrative Summary

As shown in Table I, every state has designated one or more categories of workers as having responsibility for monitoring centers.

Licensing workers are assigned this responsibility in 35 states. Day care workers, including WIN staff and social workers with multiple responsibilities in day care management, are the second most frequently utilized personnel (identified by 15 states). Staff members who specialize in monitoring are utilized in 13 states, and, of these, eight are special child care monitors. Personnel in the Purchase of Service unit are assigned monitoring responsibilities in 13 states; of these, 11 are additional to other monitors and two are the only persons with monitoring responsibilities (the latter two states monitor only contracted centers).

The same pattern of worker categories is true for day care home monitors, although, in this instance, three states report that they do not regularly monitor homes and no specific personnel have been assigned this responsibility. A further distinction between center and home monitoring is the fact that the vast majority of center monitors are drawn from state personnel (either from the central office, the major source, or from district offices), whereas workers with responsibility for monitoring homes are drawn almost equally from the state office, the district offices, and the local level.

The extent of monitoring activities is reflected in multiple indices, including the percentages of facilities monitored, the time spent per monitoring effort, and the frequency of monitoring.

166

Table II displays the comprehensiveness of the monitoring effort in terms of the percentages of centers and homes monitored. As noted in the introductory section, the first column (i.e., the per cent of all sanctioned) is inclusive of centers serving FFP's and of contracted facilities; it is, therefore, the best single measure of the extent/breadth of the monitoring activities performed. Because of the complexity of the information, we will summarize the findings for centers and homes separately.

For Centers:

26 of the states may be characterized as engaging in a comprehensive monitoring effort, including:

- 24 states which report that they monitor 100% of all sanctioned centers;
- 1 state (California) which indicated that one of its two involved agencies monitors 100% of all centers (and, since this agency carries most of the responsibility, it is being included here); and
- 1 state which reports that it monitors 90% of all centers.

8 of the states fall into an intermediate position, with the percentages of all sanctioned facilities monitored ranging from 37-70%, and/or 100% of all those serving FFP-eligibles.

6 states (Hawaii, Kentucky, Louisiana, Mississippi, New Jersey, and New Mexico) report that they regularly monitor only contracted centers, but all report that they monitor 100% of these. These reports have varying significance deriving from the fact that some states use contracted centers heavily (e.g., in Hawaii, 64% of all day care expenditures are made through 13 Purchase of

Service contracts), whereas in others, they comprise a very small proportion of the total number of licensed centers (e.g., in Louisiana, it was estimated that the contracted centers comprise about 3% of the total). The monitoring effort of these states may, therefore, be characterized as ranging from intermediate to minimal.

6 states were unable to estimate the percentage monitored statewide; based on the partial reports received from some local jurisdictions, however, these "unknowns" would seem to range from fairly high to virtually none, in terms of the extent of monitoring performed.

5 states engage in very little monitoring (i.e., less than 20% of all sanctioned centers). These are in addition to those in the previous two categories whose efforts could be characterized as minimal.

Drawing on the last three categories (i.e., states that monitor only contracted centers where these comprise a small portion of the whole, states that are unable to estimate the proportion of all centers monitored and where even local estimates suggest that the percentage is small, and the five states that monitor fewer than 20% of all centers), we would estimate that the number of states engaged in center monitoring to a very minimal extent is 12-14.

For Homes:

21 states monitor extensively (with "extensively" defined as 80-100% of all sanctioned homes).

11 states fall into an intermediate position (monitoring at least 80% of all homes serving FFP children and/or 25% of all sanctioned homes.

12 states are unable to estimate the percentage of homes monitored (and we lack sufficient information to make a characterization on a statewide basis).

7 states engage in minimal or no monitoring of homes.

While the extent of home monitoring is somewhat less than that for centers, there is a parallel pattern and states which engage in comprehensive monitoring of centers also tend to engage in comprehensive monitoring of homes.

The time spent in monitoring centers (per monitoring effort) varies widely, with a range from ½ hour to 64 hours (the latter being a matter of monitoring contracted centers, which comprise 3% of all centers in the state); the average is six hours for those able to provide an estimate.

The time spent monitoring homes ranges from ½ hour to 5½ hours, with an average of 2 hours per monitoring effort.

The extent of coverage (in terms of per cent monitored and time spent) must be viewed in conjunction with the frequency of monitoring in order to gain a true picture of the overall monitoring effort. This information is portrayed on Table III and summarized below.

Frequency of Monitoring	Number of States Reporting	
	Centers	Homes
Monthly	4	3
Bi-monthly	1	
Quarterly	14	15
Semi-Annually	10	8
Annually	18	15
Irregularly/No Data	9	11
None	-	3

NOTE: These figures total more than 51 because several states reported variable frequencies used by different agencies or worker categories.

There is a bi-modal distribution with peaks at quarterly and annual monitoring. For purposes of the present study, we are clustering monthly, bi-monthly, and quarterly visits together and characterizing these as "frequent." As regards annual monitoring, two of the states indicated that this was actually a relicensing study and it is highly possible that this also was the case in several other states, where the annual visits are made by licensing workers. If, however, licensing workers are not involved or if relicensing studies are conducted only every two years, an annual visit may be presumed to be true monitoring.

Eleven of the 19 states that monitor centers frequently are also among the states that monitor 100% of all sanctioned centers. Clearly, these eleven states are engaged in an extensive monitoring effort in relation to centers. Of these eleven, six also monitor 100% of homes quarterly or more often. The states expending this major amount of effort in monitoring are: Alabama, Oklahoma, South Carolina, Texas, Utah, and Virginia.

At the other extreme, almost all of the states that monitor irregularly also monitor few of their providers.

For the balance, there are numerous and varied mixes in terms of frequency and quantity.

Tables IV and V pertain to the nature of monitoring in terms of the degree of systematization and the content of monitoring activities. As shown in Table IV, all states which provided information on their monitoring methods indicated

that they used site visits (announced, unannounced, or both) as their dominant method. Forty-four states utilize announced visits and 29 describe it as their dominant method; 34 states utilize unannounced site visits, generally in conjunction with announced visits (seven states use unannounced visits as their dominant method and five of these use it in lieu of announced visits). Phone calls are used by 18 states, but they are never the dominant method and they are never reported as the sole method utilized. Mailed forms are used by nine states, always in conjunction with other methods.

With reference to formalized instrumentation for use in the course of monitoring, we find that 35 states have instruments which are in use statewide, three others have statewide instruments for either centers or homes, four have local instruments and nine have none. The instruments generally take the form of checklists, or outline formats, based on the standards which serve as the basis for monitoring.

The standards against which monitoring occurs are displayed in Table V. State standards are the dominant basis for monitoring -- for centers, all states which provided this information reported that they base their monitoring efforts on state standards. Twenty-four states monitor for contract compliance, and, with the exception of Hawaii, this is in addition to monitoring for compliance with state standards. Twenty-four states monitor centers for compliance with FIDCR (of these, three monitor all centers, 19 monitor those which serve FFP children for compliance with FIDCR standards, and two monitor contracted centers for compliance with FIDCR.) This is again in addition to monitoring for compliance with state standards. The distribution of monitoring content is the same for homes although the level of monitoring activities is less, as was noted previously.

The final monitoring issue investigated was the outcome of monitoring in terms of the extent of non-compliance identified. This information is not being charted on a state-by-state basis because of the ambiguity of the responses (e.g., some states considered minor infractions as non-compliance, whereas others reserved this term for more serious problems). Nonetheless, there are several patterns which emerged:

1) For both centers and homes, approximately 60% of the respondents who were able to provide an estimate indicated that a low percentage (less than 10%) of providers were out of compliance. About 14% indicated that a large percentage (over 20%) were out of compliance and the remainder gave estimates ranging from 10-20%.

2) The number who were unable to provide an estimate of the percentage of providers out of compliance varied from 20-30%, for centers and homes, respectively. This is of particular interest since the ability to estimate the per cent out of compliance was suggested as one of the criteria for assessing whether the monitoring sub-system was achieving its objective.

Table VI presents the areas of compliance difficulty which were reported. A rank order listing, with the number of states identifying each problem area, is shown below:

Problem Area	Number of States Reporting
Staff/child ratio	36
Physical plant	21
Health	21
Parent involvement	16
Staff training	14
Nutrition	8
Record-keeping	8
Administration	3
Unknown or no response to this item	6

NOTE: No differentiation was made between centers and homes in securing this information.

It is apparent from the foregoing that there are numerous dimensions involved in the implementation of the monitoring sub-system. Specifically, we have examined the categories of workers who perform the monitoring function, the percentage of providers monitored, the amount of time spent per monitoring effort, the frequency of monitoring, the content of monitoring and the outcome in terms of estimating the incidence of non-compliance. We have indicated that states could be clustered into varying categories -- i.e., high, medium, and low levels of implementation -- for most of these dimensions. We have noted that nearly half of the states engage in a relatively high level of monitoring activity compared with less than a third who do a minimal amount. We have no information, however, about the impact of these efforts, and we suggest that two further steps be taken with regard to this important sub-system:

First, additional research is clearly needed to determine the relationship between the level of monitoring (along each of the dimensions described) and the impact of monitoring, in both programmatic and cost-effective terms.

Second, upon completion of such research, guidance should be offered to the states with respect to the level and type of monitoring which was found to be most effective and efficient.

TRAINING AND TECHNICAL ASSISTANCE

Definition

Training and Technical Assistance (T & TA) includes a large array of methodologies designed to increase knowledge and improve work-related skills. Methodologies utilized may range from the distribution of printed educational materials, through group workshops, seminars, and educational TV programs, to intensive one-to-one assistance in the performance of specific tasks. The "students" or recipients of T & TA may be parents, agency staff members, or service providers. Regardless of the variations in methodology and the nature of the "student" population, however, the basic function of the T & TA subsystem is to impart knowledge and skills which will enable recipients to better perform their respective functions.

In approaching this sub-system, an attempt was made to differentiate between training and technical assistance by asking respondents for their working definitions of these activities. The primary distinction which emerged was between T & TA directed toward staff members and that directed toward providers. The former, characterized as Staff Development, encompasses all forms of instruction, training, and assistance (except regular supervision) which is directed toward agency staff -- from the region to the state, from the state to its own staff, from the state to local staffs, etc.

T & TA directed toward providers is treated separately, and, in this instance, a further distinction has been made between training activities and technical assistance: the term "training" is used to encompass all instructional activities which have been made available to providers as a group (e.g., seminars, workshops, classes, educational TV and the provision of printed materials); the term "technical assistance" is reserved for assistance provided on a one-to-one basis, generally on-site at the provider's center or home.

Objective

To provide instruction and technical resources to agency staff and service providers in order to increase their skills and enable them to improve their job performance and/or service delivery.

Criteria

1. Resources were allocated for the provision of T & TA to agency staff and service providers.

2. Appropriate and sufficient training and technical assistance was provided to agency staff and service providers, based on a determination of what was needed, and pertaining to such areas as:

   - Administrative functions
   - Programmatic functions
   - Facilities improvement

3. Follow-up activities were undertaken to determine the value of T & TA and to aid in determining what additional training and technical assistance is required.

Areas of Investigation

Based on that criteria, the areas for investigation were outlined for the guidance of field analysts in conducting personal interviews at the state and local levels. The following is abstracted from the Topic Guide section on Training and Technical Assistance:

1. Describe the organizational arrangements for providing staff development and provider training and technical assistance.

2. Specify the extent of resources allocated to training and technical assistance, in terms of:

   a. Financial allocations

   b. Staff time allocated

3. Staff development -- Determine how staff development is defined and what specific activities have been undertaken with reference to child care personnel at the state and local levels, including:

   a. Who provided T & TA to agency staffs (regional office, state staff, colleges, contractors, etc.)

   b. What was provided (amount, content areas)

   c. For whom (specify worker categories and numbers)

   d. What added help is needed or wanted

4. Provider training -- Explore the extent and nature of training for child care providers, including:

   a. Who provided

   b. For whom (types of providers and number participating)

   c. In what content areas

   d. In what form, how frequently, etc.

5. Technical Assistance to providers -- Explore in-depth the nature and extent of T & TA to child care providers, including:

   a. Who provided the technical assistance

   b. The extent to which staff expertise

in needed areas was/is available

c. The number and proportion of providers given T & TA, by provider type -- Was this sufficient to meet the need?

d. The means by which the need for T & TA was identified

e. The main content areas in which T & TA was provided

f. The specific methods used in providing T & TA

6. Determine the nature of follow-up undertaken to assess the effectiveness of technical assistance

Responses secured in the course of these interviews were recorded and submitted for state review. The key findings in each area were then tabulated on a cross-site basis and the resultant data is presented in the section which follows.

TABLE I: Nature and Extent of Staff Development

Table I displays the nature and extent of staff development activities, including both training and technical assistance for staff members, in terms of the provider, the recipient, and the amount provided.

Section A. - T & TA PROVIDED BY REGIONS: T &/or TA provided by the federal regions to state staff.

Col. 1 - PROVIDED?: x means state staff reported that they had received training or technical assistance from the region.

Col. 2 - AMOUNT: a judgemental characterization of the amount of T & TA received, based on the quantity per staff member and the number of staff members reached, as shown below:

3 = High amount, in terms of both quantity and numbers.
2 = Moderate amount. Might include high quantity and small number, low quantity and large numbers, or medium quantity and numbers.
1 = Low amount, in terms of both quantity and numbers.
0 = None
Unk = The amount was not specified by respondents, or was reported by them to be unknown.

Section B. - OTHER T & TA FOR STATE STAFF: T &/or TA provided to state staff by a source other than the federal region. Includes T & TA by other state staff, participation in conferences, college courses, etc.

Col. 3 - PROVIDED: x means state staff were provided with T &/or TA, through one of the means described above.

Col. 4 - AMOUNT: See Col. 2 above for definitions.

Section C. - T & TA FOR LOCAL STAFF: T &/or TA provided to local staff by state staff, other local staff, colleges or other sources.

Col. 5 - PROVIDED: x means local staff received T & TA.

Col. 6 - AMOUNT: see column 2 above for definitions.

Section D. - MAIN CONTENT: content areas of the staff development activities described in Sections A. - C.:

Col. 7 - ADMINISTRATION: record-keeping, regulations, fiscal.

Col. 8 - PROGRAM: care of children, programmatic activities, discipline, nutrition and other program elements.

Col. 9 - FACILITY: specifics regarding requirements relative to the physical plants of providers.

TABLE I: Nature and Extent of Staff Development

	A. T & TA PROVIDED BY REGION		B. OTHER T & TA FOR ST. STAFF		C. T & TA FOR LOCAL STAFF		D. MAIN CONTENT		
	1	2	3	4	5	6	7	8	9
	Provided?	Amount	Provided?	Amount	Provided?	Amount	Administrative	Program	Facility
TOTAL	15		32		44		44	27	2
Alabama	X	Unk	X	Unk	X	Unk	X	X	
Alaska		0	X	1	X	1	X	X	X
Arizona	X	Unk	X	Unk	X	Unk	X	X	
Arkansas	X	Unk		0	X	3	X		
California		0	X	2	X	2	X		
Colorado		0	X	2	X	Unk	X		
Connecticut		0		0		0			
D.C.		0	X	2		0	X		
Delaware		0	X	Unk	X	Unk	X		
Florida		0	X	1	X	2	X		
Georgia		0	X	2	X	1	X	X	
Hawaii	X	Unk	X	1	X	1	X		
Idaho		0		0	X	1	X	X	X
Illinois		0	X	Unk	X	0	X	X	
Indiana		0	X	Unk	X	Unk	X	X	
Iowa	X	1	X	2	X	1	X	X	
Kansas		0	X	Unk	X	0	X		
Kentucky		0	X	1	X	1	X	X	
Louisiana		0		0		0			
Maine		0	X	1	X	1	X	X	
Maryland		0		0		0			
Massachusetts	X	1	X	Unk	X	Unk	X		
Michigan		0	X	1	X	1	X		
Minnesota		0	X	2	X	2	X	X	
Mississippi		0		0		0			
Missouri	X	1	X	Unk	X	2	X	X	
Montana	X	Unk		0	X	1	X		
Nebraska	X	1	X	2	X	2	X		
Nevada		0	X	1		0	X		
New Hampshire	X	Unk	X	1	X	Unk	X	X	
New Jersey	X	Unk	X	1	X	1	X	X	
New Mexico		0	X	2	X	2		X	
New York		0		0	X	3	X		
No. Carolina	X	Unk	X	Unk	X	Unk	X		
North Dakota		0		0	X	1	X		
Ohio		0	X	Unk	X	Unk	X	X	
Oklahoma		0		0	X	3	X	X	
Oregon	X	2		0	X	1	X	X	
Pennsylvania		0		0	X	2		X	
Rhode Island		0	X	1		0		X	
So. Carolina	X	1	X	2	X	1	X	X	
South Dakota		0		0	X	3	X	X	
Tennessee		0		0	X	Unk	X	X	
Texas		0		0	X	Unk	X		
Utah		0		0	X	Unk	X		
Vermont		0	X	2	X	1	X	X	
Virginia		0		0	X	Unk	X		
Washington		0	X	1	X	1	X	X	
West Virginia	X	1	X	1	X	1	X	X	
Wisconsin		0		0	X	2	X	X	
Wyoming		0		0	X	2	X		

TABLE II: Nature and Extent of T & TA for Providers

TAble II summarizes the nature and extent of T & TA for centers and home providers, differentiating between training (group instruction in a centralized setting) and technical assistance (one-to-one assistance, generally provided on-site).

Section A. - TRAINING FOR CENTERS:

Col. 1 - PROVIDED?: x indicates that training was provided for centers.

Col. 2 - AMOUNT: a judgemental characterization of the amount of training provided, based on the quantity per provider and the numbers of center providers reached, as shown below:

3 = High amount, in terms of quantity and numbers
2 = Moderate amount. Includes high quantity-low numbers, low quantity-high numbers, medium quantity and numbers.
1 = Low amount, in terms of both quantity and numbers.
0 = None
Unk = The amount was not specified by respondents or was reported by them to be unknown.

Section B. - TECHNICAL ASSISTANCE FOR CENTERS:

Col. 3 - PROVIDED?: x indicates that technical assistance is provided to centers.

Col. 4 - AMOUNT: see Col. 2 above.

Sections C. and D. show the presence and amount of Training and Technical Assistance for HOMES, paralleling the foregoing description for centers.

Section E. - MAIN CONTENT: primary content areas addressed by the training and technical assistance activities described in Sections A through D, including:

Col. 9 - ADMINISTRATION: Record-keeping, regulations, fiscal management, etc.

Col. 10 - PROGRAM: care of children, programmatic activities, discipline, nutrition and other program elements.

Col. 11 - FACILITY: specifics in relation to the physical plant, maintenance, etc.

TABLE II: Nature and Extent of T & TA for Providers

	A. TRAINING FOR CENTERS		B. TA FOR CENTERS		C. TRAINING FOR HOMES		D. TA FOR HOMES		E. MAIN CONTENT		
	1	2	3	4	5	6	7	8	9	10	11
	Provided?	Amount	Provided?	Amount	Provided?	Amount	Provided?	Amount	Administrative	Program	Facility
TOTAL	41		43		38		35		36	43	6
Alabama	X	Unk	X	3	X	Unk	X	3	X	X	
Alaska	X	1	X	2	X	1	X	2	X	X	X
Arizona		0	X	Unk	X	Unk	X	Unk	X	X	
Arkansas	X	3	X	Unk	X	2	X	Unk	X	X	
California	X	2	X	2	X	2		0	X		
Colorado	X	2	X	2	X	1		0	X	X	
Connecticut	X	2	X	2	X	1	X	1	X	X	
D.C.	X	2	X	Unk	X	2		0	X		
Delaware	X	3	X	3	X	3	X	3	X	X	
Florida	X	1	X	1	X	1	X	1	X	X	
Georgia	X	1	X	1	X	2	X	1	X	X	
Hawaii	X	Unk		0		0		0	X	X	
Idaho	X	1	X	2	X	1	X	1	X	X	X
Illinois		0	X	2		0		0	X	X	
Indiana			X	Unk			X	Unk		X	
Iowa	X	1	X	2	X	1	X	2	X	X	
Kansas	X	3	X	2	X	3	X	2	X		
Kentucky	X	2	X	2		0		0	X	X	
Louisiana			INFORMATION NOT AVAILABLE								
Maine	X	1	X	1	X	1	X	1	X	X	
Maryland	X	2		0	X	2		0			
Massachusetts	X	Unk	X	Unk	X	Unk	X	Unk	X	X	
Michigan		0	X	1	X	1	X	1	X	X	
Minnesota	X	1	X	2	X	1	X	1	X	X	
Mississippi			IN THE PLANNING STAGE								
Missouri	X	Unk	X	2	X	Unk	X	2	X	X	
Montana	X	2	X	2	X	3	X	3		X	
Nebraska	X	Unk	X	3	X	Unk	X	3		X	
Nevada			IN THE PLANNING STAGE								
New Hampshire	X	2	X	Unk	X	2	X	Unk	X	X	
New Jersey	X	1	X	1		0		0	X	X	
New Mexico	X	2	X	2	X	1	X	2		X	
New York	X	2		0	X	2		0	X		
No. Carolina	X	3	X	Unk	X	3	X	Unk	X	X	
North Dakota	X	1		0	X	1		0	X	X	X
Ohio	X	Unk	X	1	X	Unk	X	Unk		X	
Oklahoma		0	X	1		0	X	1		X	
Oregon	X	1	X	1	X	1	X	1	X	X	
Pennsylvania	X	2	X	1	X	2	X	1	X	X	
Rhode Island		0	X	2	X	3		0		X	X
So. Carolina	X	2	X	1		0	X	1	X	X	
South Dakota		0	X	3		0	X	3	X	X	
Tennessee	X	2		0	X	2		0		X	
Texas	X	2	X	2	X	2	X	2		X	
Utah	X	1	X	Unk	X	1	X	Unk	X	X	X
Vermont	X	2	X	2	X	2	X	2	X	X	
Virginia	X	Unk	X	1		0	X	1	X	X	
Washington	X	1	X	1	X	1	X	1		X	
West Virginia	X	Unk	X	1	X	2	X	1	X	X	X
Wisconsin	X	2	X	2	X	3	X	2	X	X	
Wyoming	X	1	X	1		0		0		X	

TABLE III: Follow-up

Table III contains a summary of the need for T & TA, follow-up activities, and outcome.

Section A. - GROUPS IDENTIFIED: groups or categories of agency staff and providers identified as having the greatest need for T & TA. Responses are not mutually exclusive and include:

Col. 1 - AGENCY STAFF: agency staff were identified as the group with greatest need for T & TA. A ( ) follows the X when special sub-sets of staff were identified:

(L) = Licensing workers.
(E) = Eligibility workers.
(M) = Monitoring workers.

Col. 2 - CENTER STAFF

Col. 3 - HOME PROVIDERS

Col. 4 - PROVIDERS UNSPECIFIED: providers (with no specification regarding provider type) were identified as the group with the greatest need for T & TA.

Section B. - FOLLOW-UP ACTIVITIES: activities undertaken to assess the impact of training and technical assistance including:

Col. 5 - AGENCY/OBSERVATION: use of direct visits and/or observation to assess the impact of T and/or TA.

Col. 7 - PARTICIPANT QUESTIONNAIRES: use of formal instruments (e.g., self administered questionnaires) to assess the impact of T and/or TA.

Col. 8 - INFORMAL/NONE: informal (i.e., non-systematic) methods used to assess the impact of T and/or TA. This category also includes states which did not report any follow-up activities, since the inquiry was directed toward eliciting information on systematic follow-up.

Section C. - JUDGED OUTCOME: a judgement of the overall extent to which the need for T & TA is being met by the statewide T & TA effort, based on respondents' comments and/or the scale of the reported T & TA effort, as follows:

Col. 9 - EXTENSIVE

Col. 10 - MODERATE

Col. 11 - MINIMAL

TABLE III: Follow-up

	A. GROUPS IDENTIFIED AS NEEDING T & TA				B. FOLLOW-UP ACTIVITIES				C. JUDGED OUTCOME		
	1 Agency Staff	2 Center Staff	3 Home Providers	4 Providers Unspecified	5 Agency Visits/Observation	6 Participant Questionnaires	7 Staff Reports	8 Informal/None	9 Extensive	10 Moderate	11 Minimal
TOTAL	23	3	9	21	6	5	6	35	0	39	10
Alabama				X				X		X	
Alaska								X		X	
Arizona	X(L)							X		X	
Arkansas				X				X		X	
California							X			X	
Colorado	X(L)		X					X		X	
Connecticut								X		X	
D.C.		X				X				X	
Delaware	X(L)			X	X					X	
Florida				X				X			X
Georgia								X		X	
Hawaii								X			X
Idaho								X		X	
Illinois	X(L)(M)			X	X		X			X	
Indiana	X(L)(M)							X			X
Iowa				X				X		X	
Kansas	X(L)			X				X		UNK	
Kentucky	X(L)	X				X				X	
Louisiana								X			X
Maine								X		X	
Maryland	X(L)			X			X			X	
Massachusetts	X			X			X			X	
Michigan	X(L)			X				X		X	
Minnesota	X(L)	X	X					X		X	
Mississippi			X					X			X
Missouri	X(L)			X	X					X	
Montana	X(L)			X	X					UNK	
Nebraska	X(L)		X					X		X	
Nevada								X			X
New Hampshire			X					X		X	
New Jersey								X		X	
New Mexico			X					X		X	
New York	X(L)			X			X				X
No. Carolina	X(County)			X	X					X	
North Dakota						X				X	
Ohio	X(L)			X				X		X	
Oklahoma	X(L)			X			X			X	
Oregon								X		X	
Pennsylvania	X(M)							X		X	
Rhode Island	X		X			X				X	
So. Carolina	X(L)			X				X		X	
South Dakota				X				X		X	
Tennessee	X(L)			X				X		X	
Texas								X		X	
Utah								X			X
Vermont			X			X				X	
Virginia				X				X			X
Washington								X		X	
West Virginia			X		X					X	
Wisconsin	X(L)							X		X	
Wyoming								X			X

TRAINING AND TECHNICAL ASSISTANCE

Narrative Summary

Tables I and II display the existence and extent of training and technical assistance offered to staff and to providers, respectively. As indicated in the introductory section, no differentiation between training and technical assistance was made for staff; and the distinction for providers was essentially based on the locale, with training being used to describe a centrally-offered group form of instruction and technical assistance used to characterize one-to-one assistance on-site.

The dominant finding, based on the two Tables viewed together, is the tendency for states to emphasize or de-emphasize training and technical assistance, on an across-the-board basis. Thus, for the most part, the states which provide T & TA to staff also tend to provide T & TA to providers--both homes and centers. Conversely, those who provide little T & TA for staff also tend to provide little for their provider groupings.

Inquiry was made regarding specific budgetary provisions for T & TA. So few states were able to specify a particular allocation for T & TA for child care that the information has not been included in the charts. What little information was secured is presented below:

State	Allocation for Child Care T&TA	Allocation for T&TA (all social services, or unspecified)
Arkansas		25,000
Hawaii		190,528
Kentucky	6,500	
Maine		56,000
Montana		44,000
Nebraska		25,000
New Mexico		54,493
Rhode Island		39,000
So. Carolina		127,432
So. Dakota	5,000	
Vermont	7,200	

Alaska, No. Carolina, and Washington State also indicated that they had special training funds, but no amounts were specified.

Of the 14 states with identifiable allocations for T & TA, 10 could be characterized as having delivered a moderate or high amount, based on the quantification method described in the introduction.

Turning now to the specific content of each of the Tables, we note that:

- There was very little T & TA provided by the federal regional offices to the states, at least from the states' perspective. Thus, only 15 states indicated that they had received any T & TA from the region, and all of these indicated that the amount was minimal or unknown.

- Of the T & TA provided to staff, the greatest emphasis was on the provision of T & TA to local staff. 32 states indicated that some T & TA had been provided to state staff whereas 43 indicated that T & TA has been provided to local staffs. Furthermore, the quantities provided to local staff were considerably greater than those provided to state staff, for the states which were able to provide quantitative information.

- Staff development activities focused on administrative issues in 41 states (e.g., Title XX, licensing procedures, regulations, etc.) and on programmatic issues in 27 states.

- For Centers, training and technical assistance were provided almost equally. Thus, 41 states indicated that they had provided training for centers and 42 specified that they had provided technical assistance (while these were not always the same states in both instances, there was a fair degree of correspondence).

- T & TA for home providers showed a marked parallel with that provided for centers, although the incidence was somewhat less, with 38 states indicating that they had provided training for home providers and 35 specifying that they had engaged in some technical assistance to homes.

- The content of T & TA for providers was more programmatically-oriented than that provided to staff (43 states reported this as a content area), although administrative issues continued as an important content area (i.e., 36 states reported providing T & TA to providers on such administrative matters as completing forms and complying with regulations.)

Table III displays the follow-up activities and judged outcome of T & TA. It is apparent that systematic follow-up of any type is minimal, with 35 states reporting that there is no follow-up or that follow-up is informal and non-systematized. Of the remaining 16 states:

6 states specify that they use direct observation as a means of determining the effectiveness of T & TA;

5 utilize staff reports (which may also be based on observations); and

5 indicate that they utilize participant questionnaires.

In terms of outcome, 39 states were judged to have a moderate degree of effectiveness, based on respondents' comments. Of these, 25 states engaged in only informal follow-up so that the judgments are essentially impressionistic in nature. Two states could make no judgment of outcome and, in ten states, the results were deemed minimal. Not surprisingly, the minimal results are generally associated with states that engaged in minimal (or no) T & TA activities. On the other hand, some states with relatively limited activities and all of the states which engage in more extensive activities, were judged moderate in impact. It therefore appears that virtually any effort is perceived as producing some results.

In a series of telephone calls to providers in 27 states, a question was asked about whether they had received help from the social services agency. There were 122 affirmative responses to this question, compared with 79 negative responses. In all but four states, the pattern of provider responses confirms the judgments of state outcome (i.e., where the state outcome was judged moderately successful, the preponderance of provider responses was either positive or equally distributed between positives and negatives; and, where the judged state outcome was minimal, the majority of provider responses was negative). The four exceptions were equally divided between those who judged the state to have been more helpful than the state personnel reported, and those who judged the helpfulness to have been less than that reported.

Virtually every state indicated that they would like to do more in the area of T & TA. Groups identified as most in need of further training or assistance were licensing workers and providers, particularly home care providers.

In sum, while the level of T & TA activities is less than desired, most states are making an effort in this direction and most feel that their efforts are having some positive effect. This latter belief is supported by the provider recipients of T & TA. Perhaps the biggest gap is the minimal extent to which states perceive that they are receiving assistance from the federal regional offices.

FISCAL MANAGEMENT

Definition

Fiscal management includes all of the accounting and quality control functions required to process and control the receipt and disbursement of funds and to maintain accurate records of these transactions.

In this connection, it must be reiterated that the present study was structured as a descriptive study of management functions; it was not intended to be an audit and no effort was made to investigate the accounting methods utilized or to verify the correctness of payments or the accuracy of the figures provided (except in terms of the internal consistency of responses). Instead, the focus was on the organizational inter-relationship between fiscal and program personnel and a description of the processes utilized to set rates, to handle the contracting function, and to process and control disbursements to providers.

In the absence of any accounting checks, the assessment of this sub-system, like all others, depends upon a comparison of the reported procedures and the criteria which have been established, as shown below.

Objective

To maintain accurate income and disbursement records and to ensure that payments made to providers are correct and reasonable in terms of services delivered and costs incurred.

Criteria

1. The organizational structure of fiscal management is adequate for the fulfillment of fiscal responsibilities.

2. Fiscal records on income and disbursements are maintained.

3. Fiscal policies and forms (including contract formats and fee schedules, where appropriate) have been developed in conformity with federal requirements.

4. Procedures have been designed and implemented so as to provide for reasonable controls against excess or improper payments.

5. The method for rate determination assures reasonable and equitable charges for eligible clients.

Areas of Investigation

Based on the criteria, the areas for investigation were outlined for the guidance of field analysts in conducting personal interviews with fiscal personnel at the state and local levels. The following is abstracted from the Topic Guide section on Fiscal Management:

1. Fully describe the organizational structure for fiscal management.

2. How large is the fiscal department described above? What proportion of their time is spent on child care management?

3. Describe the role and responsibilities of the fiscal personnel, and the nature of the inter-relationship between:

   - Fiscal and program people, and
   - State and local fiscal personnel

4. List the materials available to guide or aid in the fiscal management of child care; indicate who prepared each; and rate their utility.

5. Identify all income sources (Title XX, WIN, CWS, and other); and specify the amount received from each source during the most recent year for which figures were available.

6. Secure figures on total expenditures, for the last and current fiscal years, by

method of service provision, including:

- Purchase of service (by provider type
- Direct provision of service
- Client purchase, with social services, WIN or income maintenance funds

7. Purchase of Service -- If services were purchased from any source (including contracted and vendor-paid facilities), determine:

   - All sources from which services were purchased
   - Whether contracts have been signed and what the contracts cover
   - The nature of contract management, in detail
   - The processes used in paying provider invoices and exercising quality control, including:

     a. nature of invoice and how frequently submitted

     b. edit procedures to ensure correct payment

     c. payment procedures and time lapses between receipt of invoice and payment

     d. frequency and scope of audits

     e. corrective procedures in case of overpayment

If large-scale sub-contracting is practiced, explore the arrangements (including delegation of authority and controls exercised) in detail.

8. Direct Provision of Services -- If programs are directly operated, determine types of programs which are operated and the methods used for fiscal quality control.

9. Client Purchase -- Inquire about extent of client purchase, methods of reimbursing individual clients (differentiating between social service funds and income maintenance funds) and control procedures utilized.

10. Determine the unit of measurement used in establishing rates and secure a precise definition of the unit which is used.

11. For each type of care, determine:

    - The basis on which the rate is established
    - The average rate, per unit of measurement
    - The range of rates

12. Determine whether income eligibles are being served. If so, are fees being charged? How much? How set? How implemented? How used?

13. Fully explore the impact of the minimum wage law on in-home care.

14. Inquire whether any donations have been received. If so, how much and from what source?

TABLE I: Fiscal Management and Materials

Table I shows the locus of responsibility for fiscal management and information on the management materials developed.

Section A. - LOCUS OF RESPONSIBILITY: identifies whether state or local level has primary responsibility for performing fiscal management functions, as follows:

Col. 1 - CENTRALIZED AT STATE: the state performs virtually all fiscal management functions, from receiving and checking vouchers to issuing checks and maintaining all fiscal records.

Col. 2 - STATE DOMINATED/LOCAL DOES QC: while the state performs the major fiscal functions (e.g., issuing checks and maintaining fiscal records) the local jurisdiction has responsibility for such quality control functions as checking the accuracy of vouchers, verifying that clients actually received the service before forwarding vouchers, etc.

Col. 3 - JOINT STATE/LOCAL RESPONSIBILITY: the state and local jurisdictions both have major responsibilities in relation to child care management; both issue checks (possibly to different categories of providers) and both maintain fiscal records.

Col. 4 - LOCAL DOMINATED: the local jurisdiction performs all major management functions, from receiving and checking vouchers to issuing checks and maintaining fiscal records; state responsibility is limited to supervision and the performance of audits.

Section B. - FISCAL MATERIALS: includes such necessary fiscal materials as policies, regulations, contract forms, line item budget formats, fee schedules (where used), rate schedules, provider billing forms, audit report forms, explanatory guides for users, etc.

Col. 5 - ALL DEVELOPED: all of the required/needed fiscal materials (including those enumerated above) have been developed.

Col. 6 - MOST DEVELOPED: most of the required (needed) fiscal materials have been developed.

Col. 7 - DOMINANT RATING: the majority of all fiscal materials, referenced in Col. 5 or 6, have been rated by respondents as:

E = Excellent
G = Good
F = Fair
P = Poor
UNK = Respondents did not rate materials

TABLE I: Fiscal Management and Materials

	A. LOCUS OF RESPONSIBILITY				B. FISCAL MATERIALS		
	1	2	3	4	5	6	7
	Centralized at State	State Dominates/ Local does QC	Joint State/Local Responsibility	Local Dominates	All Developed	Most Developed	Dominant Rating
TOTAL	31	8	8	5	36	14	
Alabama	X				X		G-E
Alaska	X				X		G
Arizona	X				X		G-E
Arkansas	X				X		G
California	X				X		Unk
Colorado				X	X		Unk
Connecticut	X					X*	G
D.C.	X					X	G
Delaware	X				X		G
Florida		X			X		G
Georgia		X			X		G
Hawaii	X					X	G
Idaho	X				X		F
Illinois	X					X**	Unk
Indiana	X				X		E
Iowa			X		X		G-E
Kansas		X			X		G
Kentucky	X				X		G
Louisiana	X				X		G
Maine	X				X		G
Maryland				X	X		G
Massachusetts	X				X		G
Michigan	X				X		
Minnesota				X		X	Unk***
Mississippi	X				X		E
Missouri	X					X	E
Montana	X				X		C
Nebraska		X			X		G
Nevada	X				X		G
New Hampshire		X			X		Unk
New Jersey	X				X		G-E
New Mexico		X			X		Unk
New York			X			X	E
No. Carolina			X		X		G
North Dakota	X				X		G-E
Ohio				X		X	Unk
Oklahoma	X					X	G-E
Oregon	X	X			X		G
Pennsylvania			X		X		E
Rhode Island	X				X		E
So. Carolina	X				X		Unk
South Dakota	X					X	G
Tennessee	X					X	E
Texas			X			X	F-G
Utah			X			X	G
Vermont	X					X	G
Virginia			X		Locally Devel.		Unk
Washington	X				X		G
West Virginia		X			X		F
Wisconsin				X	X		Unk
Wyoming			X		X		Unk

* Few developed.
** In process of redesigning.
*** Varies by county.

TABLE II: Income Sources (74-75)

Table II shows the sources of child day care income for FY 74-75, rounded to the nearest 1/10 of a million dollars.

The year prior to the study was selected for inclusion in this table because of the desirability of getting actual, as contrasted with projected, income; also, the meaning of UNKNOWN for a prior year is more relevant as an estimate of management effectiveness than it would be if it related to projections.

Col. 1 - TITLE IV-A (F/S/L): funds received under Title IV-A of the Social Security Amendments (for former, current and potential welfare recipients), including the federal share of 75% and the 25% state and local match.

Col. 2 - WIN: funds received specifically to care for children of parents enrolled in the Work Incentive Program; the federal share of these funds was 90%.

Col. 3 - CWS: Child Welfare Service funds, received under Title IV-B of the Social Security Amendments, for children who were in danger of neglect or abuse.

Col. 4 - S/L UNMATCHED: funds contributed by the state or local jurisdiction in excess of the 25% match required for Title IV-A funds, i.e., state and local funds which were not matched by federal dollars.

Col. 5 - OTHER FEDERAL: all other identified sources of federal monies, as follows:

ARC = Appalachian Regional Commission funds
VR = Vocational Rehabilitation funds
CETA = Comprehensive Employment Training Act funds
Mi = Special funds for day care for the children of migrant workers

Col. 6 - TOTAL: the total of all preceding columns and the presumed total of all funds available for governmentally-subsidized child day care, with the exception of funds deriving from AFDC which are used by clients for child care.

TABLE II: Income Sources (74-75)

	DOLLARS IN MILLIONS					
	1 Title IV-A (F/S/L)	2 WIN (F/S/L)	3 CWS (F/S/L)	4 S/L Unmatched	5 Other Federal	6 TOTAL
TOTAL	518.1	37.92	2.22	11.17***		
Alabama	8.4	.4	0	0	0	8.8
Alaska	.4	.3	0	0	0	.7
Arizona	3.5	.7	0	0	0	4.2
Arkansas	Figures Not Available					
California	62.5	Unk	Unk	Unk	Unk	Unk
Colorado	6.2	.6	.3	0	0	7.1
Connecticut	8.9	.5	0	0	0	9.4
D.C.	2.3	0	0	7.0	0	9.3
Delaware	3.7	.01	0	0	0	3.7
Florida	10.9	1.5	0	0	0	12.4
Georgia	15.0	1.0	1.3	0	0	17.3
Hawaii	2.8	.08	0	0	0	2.9
Idaho	.28	0	0	0	0	.28
Illinois	41.0	1.0	0	0	0	41.0
Indiana	2.6	.5	0	0	0	3.1
Iowa	Figures Not Available					
Kansas	3.5	.5	0	0	0	4.0
Kentucky	2.3	.4	0	0	0	2.7
Louisiana	Figures Not Available					
Maine	2.2	.3	.3	.8	0	3.6
Maryland	7.9	.9	0	0	0	8.8
Massachusetts	21.6	0	0	0	2.5*	24.1
Michigan	26.8	1.9	0	.6	0	29.3
Minnesota	Figures Not Available					
Mississippi	2.7	.06	0	0	0	2.8
Missouri	6.9	1.2	0	0	0	8.1
Montana	.74	.35	.02	0	0	1.1
Nebraska	4.6	.1	0	0	0	4.7
Nevada	.17	.03	0	0	Unk	Unk
New Hampshire	2.2	Unk	Unk	Unk	Unk	Unk
New Jersey	31.3	8.3	0	0	0	39.6
New Mexico	2.1	.2	.01	0	0	2.31
New York	120.3	5.5	Unk	Unk	13.2 IM	Unk
No. Carolina	9.6	0	0	0	0	9.6
North Dakota	.13	.13	.006	0	.36 IM	.62
Ohio	23.4	2.0	0	0	0	na
Oklahoma	7.7	.2	0	0	0	7.9
Oregon	8.9	2.7	0	2.0	0	13.6
Pennsylvania	Figures Not Available ****					
Rhode Island	1.2	.1	0	0	0	1.3
So. Carolina	3.0	.2		.7	2.7**	6.6
South Dakota	Figures Not Available					
Tennessee	10.9	.7	0	.07	0	11.7
Texas	20.0	2.6	0	0	0	22.6
Utah	1.4	.4	0	0	0	1.8
Vermont	2.0	.2	0	0	0	2.2
Virginia	7.4	.9	.1	0	0	8.4
Washington	6.7	.8	0	0	0	7.5
West Virginia	3.7	Unk	0	0	Unk	Unk
Wisconsin	8.1	0	0	0	0	8.1
Wyoming	.14	.15	.13	0	0	.42

* Privately-donated funds matched by Federal funds.

** ARC/CETA.

*** Total state/local unmatched funds are significantly reduced by the omission of California and New York figures in this column.

**** Pennsylvania did provide percentage figures for 74-75, which showed Title IV-A as the dominant source, augmented by a sizeable proportion of unmatched state and local funds.

TABLE III: Expenditures, By Method of Service Provision (74-75)

Table III displays the distribution of child day care expenditures for FY 74-75, rounded to the nearest 1/10 of a million dollars, by method of service provision. (The distribution of expenditures for FY 74-75, by provider type, will be found in Table IV of the Overview).

Again, the year prior to the study was selected for inclusion because of the likelihood that the figures would be more accurate on an actual, rather than a projected, basis.

Columns 1 through 4 identify the methods of service provision, as follows:

Col. 1 - PURCHASE OF SERVICE-CONTRACTED: this pertains to situations where all (or virtually all) of the slots of a given provider are purchased by the government for use by governmentally-subsidized children. States frequently used the term "contracted centers" to describe this form of large-scale purchase of service.

Col. 2 - PURCHASE OF SERVICE-VENDOR PAID: this pertains to situations where care is purchased on a client by client basis and there is no provision for the large-scale purchase of slots. The term "vendor-paid" is thus a description of scale; it carries no implication that payment is being made in the absence of a contract.

Col. 3 - DIRECT PROVISION: services are actually provided directly by the state agency; i.e., the government is the operator of the child care facility.

Col. 4 - CLIENT REIMBURSEMENT: clients purchase their own child day care services and are reimbursed by the government for the cost of care. The types of funds used in this manner are parenthetically noted as follows:

(WIN) = WIN funds are used to reimburse clients for purchase of day care
(SS) = Social Service funds
(IM) = Income Maintenance funds (this category is a gross underestimate since most states do not keep records which would make it possible to make this determination, especially where the income disregard method is used rather than direct cash reimbursement).

Col. 5 - TOTAL: total expenditures for all methods of service provision combined.

FISCAL

TABLE III: Expenditures, by Method of Service Provision (74-75)

	DOLLARS IN MILLIONS				
	1 Purchase of Service Contracted	2 Purchase of Service Vender Paid	3 Direct Provision	4 Client Reimbursement	5 TOTAL
TOTAL	374.42	70.68	13.23	34.5	510.44
Alabama	7.7	1.1	0	0	8.8
Alaska	.1	.6	0	0	.7
Arizona	4.2	0	0	0	4.2
Arkansas	2.8	.1	0	0	2.9
California	Figures Not Available				
Colorado	2.0	5.1	0	0	7.1
Connecticut	.5	0	4.6	4.3 WIN/SS	9.4
D.C.	7.0	2.3	0	0	9.3
Delaware	3.7	0	0	0	3.7
Florida	10.9	1.2	0	0	12.1
Georgia	13.0	1.5	.1	0	14.6
Hawaii	1.9		0	1.0 SS	2.9
Idaho	2.8	0	0	0	2.8
Illinois	25.3	1.8	0	14.0 SS	41.1
Indiana	2.6				3.1
Iowa	Figures Not Available				
Kansas	1.2	2.3	0	0	3.5
Kentucky	.6	1.7	0	0	2.3
Louisiana	Figures Not Available				
Maine	2.7	0	.03	0	2.7
Maryland	4.3	0	3.6	.9 WIN	8.8
Massachusetts	12.1	11.0	0	0	23.1
Michigan	14.0			13.7	27.7 (est.)
Minnesota	Figures Not Available				
Mississippi	2.7	.06	0	0	2.8
Missouri	4.1	4.0	0	0	8.1
Montana	.7	.4	0	0	1.1
Nebraska	4.5	0	.2	0	4.7
Nevada	Figures Not Available				
New Hampshire	1.2	1.0	0	0	2.2
New Jersey	26.0	10.8	2.8		39.6
New Mexico	Figures Not Available				
New York	143.0	0	0		143.0
No. Carolina					
North Dakota	.62		0	0	.62
Ohio	Figures Not Available				
Oklahoma	0	7.9		0	7.9
Oregon	4.9	6.6	0	0	11.5
Pennsylvania	52.0	0	0	.6 WIN	53.9*
Rhode Island	0	1.3	0	0	1.3
So. Carolina	4.8W	0	1.8	0	6.6
South Dakota	1.0	0	0	0	1.0
Tennessee	9.4	2.2	.1	0	11.7
Texas	Figures Not Available				
Utah	0	1.6	0	0	1.6
Vermont	0	2.2	0	0	2.2
Virginia	Figures Not Available				8.4
Washington	Figures Not Available				7.4
West Virginia	.1	3.5	0	0	3.6
Wisconsin	Figures Not Available				
Wyoming		.42	0	0	.42

* Pennsylvania total includes 1.38 in protective day care, provided by child welfare agencies.

TABLE IV: Expenditures, By Provider Type (FY 74-75)

Table IV displays the total expenditures for child day care, regardless of income source, during FY 74-75, by provider type, as follows:

Col. 1 - CENTERS: all centers, including public and private.

Col. 2 - GDCH's: group day care homes, as previously defined. If this category is not separately identified, by the state, children are shown as enrolled in centers or family day care homes, consistent with the record-keeping practice of the state.

Col. 3 - FDCH's: family day care homes, including both unrelated and related care, as defined for Table II, provided that the care is rendered in the caretaker's home.

Col. 4 - IN-HOME: all care provided in the child's own home, by a person other than the parent, including unrelated "sitters" and relatives. No distinction is made between Title IV-A, WIN or other federal funding sources.

Col. 5 - TOTAL.

Figures shown are those provided by respondents, rounded to closest 1/10 of a million. They may include distributed administrative costs or only the direct pay-outs to providers, depending upon the state's individual approaches to calculating expenditures.

Where an UNK is inserted in lieu of a dollar amount, it means that respondents were unable to provide the figures.

TABLE IV : Expenditures, By Provider Type (FY 74-75)

	DOLLAR AMOUNTS IN MILLIONS				
	1 Centers	2 GDCH's	3 FDCH's	4 In-Home	5 Total
	278.12	4.325	38.2	30.02	657.34
Alabama	7.7	na	1.0	.1	8.8
Alaska	Figures Not Available				Unk
Arizona	3.2	na	.94	.04	4.2
Arkansas	Figures Not Available				2.9
California	96.6	.6		4.1	101.3
Colorado	Figures Not Available				7.1
Connecticut	5.1	na	4.3		9.4
D.C.	Figures Not Available				9.3
Delaware	3.2	.4	.03	.01	3.7
Florida	10.7	na	.2		12.1*
Georgia	13.4	na	.83	.82	15.1
Hawaii	Figures Not Available				2.9
Idaho	Figures Not Available				.28
Illinois	Figures Not Available				42.2
Indiana	2.6	.5			3.1
Iowa	Figures Not Available				Unk
Kansas	.8	na	.9	1.8	3.5
Kentucky	2.3		na	Unk	2.3
Louisiana	Unk	na	.3	na	Unk
Maine	1.6	.08	.04	.1	2.7*
Maryland	6.3	na	1.6	.9	8.8
Massachusetts	17.6	na	5.3	Unk	23.1*
Michigan	10.0	Unk	5.0	15.0	30.0
Minnesota	Figures Not Available				Unk
Mississippi	2.7	na	.02	.06	2.8
Missouri	5.5	.2	1.7	.7	8.1
Montana	Figures Not Available				1.1
Nebraska	2.0	na	2.4	.3	4.7
Nevada	Figures Not Available				.20+
New Hampshire	Figures Not Available				2.2
New Jersey	27.2	na	4.0		39.6*
New Mexico	2.0	.09	.2	.4	2.7
New York	Figures Not Available				143.0
No. Carolina	Figures Not Available				9.6
North Dakota	.17	.011	.25	.19	.62
Ohio	Figures Not Available				12.5
Oklahoma	7.0	na	.8	.05	7.9
Oregon	9.7	.004	1.8	.05	11.5
Pennsylvania	Figures Not Available				53.9
Rhode Island	.7	na	.5	.1	1.3
So. Carolina	6.0	.1	.4	.1	6.6
South Dakota	.21	.02	.64	.1	4.0
Tennessee	10.9	Unk	.5	.2	11.7
Texas	17.37		.17	2.5	20.0
Utah	.7	na	.9	na	1.6
Vermont	1.44	.02	.75	Unk	2.2
Virginia	Figures Not Available				8.4
Washington	3.0	2.8		1.6	7.4
West Virginia	.5		2.3	.8	3.6
Wisconsin	Figures Not Available				Unk
Wyoming	Figures Not Available				.43

* The discrepancy between the total and the sum of the expenditures by provider type results from additional funds which could not be allocated by provider type.

This table reproduced from Table IV in the Overview setion (pg. 26).

TABLE V: Basis for Rate Establishment

Table V displays the basis for the establishment of rates, for all types of providers. (The actual rates established are shown on Table VI.)

Bases for rate establishment include:

Col. 1 - LEGISLATIVELY ESTABLISHED: The legislature actually set the rate, generally as part of the legislation authorizing the state appropriation. Input may have been secured from agency staff, task forces or other sources, but the final decision was made by a legislative body.

Col. 2 - PREVAILING RATES: Rates are consistent with those generally charged for comparable services by other facilities within the community.

Col. 3 - AGENCY ESTABLISHED: The Title XX agency set the rate to be paid, based upon available funds and/or other bases for rate establishment.

Col. 4 - ACTUAL AND NECESSARY COSTS: Rates are paid on the basis of the actual and necessary costs incurred by providers in the operation of their facilities.

Col. 5 - OTHER: All other bases, as shown. This column is also used to elucidate the information contained in columns 1 through 4.

TABLE V: Basis for Rate Establishment

	1 Legislatively Established	2 Prevailing Rates	3 Agency Established	4 Actual and Necessary Costs	5 Other
TOTAL	5	18	18	26	
Alabama			X		
Alaska		NO INFORMATION			
Arizona			X		
Arkansas		X		X	
California	X		X		Varies by County
Colorado		X			
Connecticut		X		X	
D.C.	X				By City Council
Delaware				X	
Florida	X			X	
Georgia		X			
Hawaii				X	
Idaho		NO INFORMATION			
Illinois				X	Cost Study
Indiana				X	Varies by County
Iowa		X		X	Minimum Wage
Kansas		X	X	X	
Kentucky			X	X	Based on Avail. Funds
Louisiana	X				
Maine		X		X	
Maryland				X	
Massachusetts		X		X	
Michigan		X	X		
Minnesota			X	X	
Mississippi					Title XX & St. Manual
Missouri		X		X	
Montana	X				
Nebraska		X			
Nevada				X	
New Hampshire			X	X	
New Jersey			X	X	
New Mexico				X	
New York					Locally Determined
No. Carolina			X	X	
North Dakota			X		Varies by County
Ohio			X	X	Varies by County
Oklahoma		X	X		Legislative Task Force
Oregon	X				and Public Hearings
Pennsylvania			X		Not yet official
Rhode Island		X	X	X	
So. Carolina				X	
South Dakota		X			
Tennessee		X		X	
Texas				X	
Utah		X			
Vermont				X	Avail. Fds. & Min. Wage
Virginia		X	X		
Washington					Set by Vendor Rate Comm.
West Virginia			X		
Wisconsin		X	X		
Wyoming		NO INFORMATION			

TABLE VI: Rate Range, per Full-time Day

Table V shows the rate range, per full-time day, by the major provider types, as follows:

Section A. - CENTERS: includes public and private centers, and group day care homes where states include them with centers for purposes of rate schedules.

Section B. - FAMILY DAY CARE HOMES: related and non-related family day care homes, and group day care homes where they are included with family day care homes for purposes of rate schedules.

Section C. - IN-HOME: care provided in the child's own home, by either relatives or non-relatives.

Since information on rates was provided on varying bases (i.e., by the hour, by the day, by the week, by the month, etc.), it was necessary to establish a series of rules to convert all rates to a common base, as shown below:

Hourly rate: where rates were given by the hour, the stated hourly rate was multiplied by 6 to establish the bottom of the range, and by 10 to establish the top of the range. While this is not necessarily absolutely inclusive, most states do consider 6 or more hours to be a full day and hours of care in a full day rarely exceed 10 (the parents' 8-hour working day plus allowance for transportation time).

Daily rate: where rates were reported on a daily rate basis, no computation was required.

Weekly rate: quoted rate ranges were divided by 5.

Monthly rate: quoted rate ranges were divided by 21.5

A figure shown in the center of a column is an average figure, where this was the information provided.

Where a single, flat maximum rate has been established, this figure is presented in the "maximum" portion of the column, with the "minimum" portion left blank.

TABLE VI: Rate Range, per Full-time Day

	A. CENTERS		B. FDCH's		C. IN-HOME	
	MIN.	MAX.	MIN.	MAX.	MIN.	MAX.
Alabama	-	$ 3.49	-	$ 3.02	-	$ 2.33
Alaska	$ 6.00	10.00	$ 7.00	10.00	---	
Arizona	5.50	6.50	3.60	6.00	$ 3.60	6.00
Arkansas	4.00	6.00	4.00	6.00	UNK	
California	6.60	13.50	6.60	13.50	7.20	10.00
Colorado	$ 5.28*		$ 4.79*		$ 4.16*	
Connecticut	4.00	9.80	4.00	9.00	4.00	9.00
D.C.	6.00	6.00	4.00	4.00	2.50	2.50
Delaware	-	8.40	-	5.00	4.00	4.00
Florida	3.96	6.33	3.96	4.24	2.20	2.20
Georgia	4.65	6.98	3.02	3.02	3.02	3.02
Hawaii	4.65	8.83		4.65		4.65
Idaho		4.00		4.00		4.00
Illinois	3.50	8.50	3.25	3.25	2.80	2.80
Indiana	5.53	7.35	County Schedules		County Schedules	
Iowa	3.00	10.00	3.00	10.00	12.60	21.00
Kansas	3.85	5.50		3.85		3.00
Kentucky	3.31	8.61	NONE		NOT USED	
Louisiana	3.02	6.50	2.09	2.09	NOT USED	
Maine	7.00	10.40	6.60	9.00	---	
Maryland	7.00	7.50	4.50		3.26	3.26
Massachusetts	4.00	12.14	3.90	6.50	3.90	6.50
Michigan	6.50	6.70	3.54	3.54	4.68	4.68
Minnesota	5.00	12.94	5.00*		5.00*	
Mississippi	6.47		NOT USED		4.00	5.00
Missouri	3.00	8.55	2.00	6.00		5.00
Montana	5.00	5.00	4.00	4.00	NOT USED	
Nebraska	5.32		3.85		2.40	20.00
Nevada	4.00	6.00	4.00	6.00	2.00	6.00
New Hampshire	5.00	7.00	3.00	7.00	4.50	7.50
New Jersey	7.00	10.00	-	4.40		10.00
New Mexico	3.50*		3.50		1.50	
New York	2.50	10.00	2.50	10.00	UNK	
No. Carolina	4.19	6.99	2.72	4.65	2.33	3.26
North Dakota	2.40	6.00	2.40	6.00	UNK	
Ohio	3.00	10.96	5.50		UNK	
Oklahoma	2.50	5.00	3.00	3.00	3.00	3.00
Oregon	4.80	8.00	3.36	5.60	13.80	23.00
Pennsylvania	12.40	18.00	7.00	7.00	NOT USED	
Rhode Island	4.00	5.60	2.40	2.40	2.40	2.40
So. Carolina	2.47	9.62	3.00	5.00	3.60	3.60
South Dakota	3.12		3.02		1.95	
Tennessee	3.20	4.00	4.00	4.00	2.50	2.50
Texas	3.16	18.37	4.09	4.65	-	6.20
Utah	4.60	4.60	3.85	3.85	NOT USED	
Vermont	5.10	8.50	3.30	5.50	13.80	23.00
Virginia	4.40	9.60	3.00	15.00	3.00	15.00
Washington		5.70		5.70	4.86	10.70
West Virginia	3.20	5.25	3.50	4.25	2.50	2.75
Wisconsin	6.30	10.96	4.20	7.00	4.20	7.00
Wyoming	3.00	5.00	3.00	5.00	3.00	5.00

* Colorado: Boulder County only.
Minnesota: Center figures include two counties with different rates; home figures are for Olmstead only.
Iowa: $15-20 for special care.
New Mexico: Figure for non-contracted only.

FISCAL MANAGEMENT

Narrative Summary

Table 1 addresses two of the criteria for the fiscal management subsystem: the adequacy of organizational provision and the extent and quality of materials.

It is apparent from this table--and from our interviews--that every state has made provision for fiscal management:

- State centralization of fiscal responsibility is the dominant mode, with 38 states using a state-dominated model; of these, 8 specifically indicated that local jurisdictions have responsibility in relation to such quality control procedures as signing off on vouchers before forwarding them to the states.

- Eight states indicated that responsibility was shared between the state and the local jurisdictions.

- Five identified the local role in fiscal management as dominant (all of the latter are county administered states, although the converse is not true; i.e., not all county-administered states use a decentralized strategy for fiscal management).

Fifty of the fifty-one states have developed most or all of the necessary fiscal materials (e.g., regulations, contract forms, rate and fee schedules, audit report forms, etc.), and, with a few exceptions, management personnel considered them to be of high quality. It should be noted, however, that no assessment of the adequacy of materials was secured from providers.

Tables II through IV present information on income and expenditures for the last fiscal year. Before addressing the specific content of these tables, we need to look at the quality of the data, since one of the major objectives of fiscal management was defined as the maintenance of accurate income

and disbursement records. The two main areas of data quality to be discussed relate to missing data and discrepant data.

Missing data--As will be readily apparent upon examination of the foregoing charts, all, or some, of the requested dollar figures were unavailable in a number of states. Looking first at Table II (Income Sources), we note that 6 states could not specify the total amount of federal, state and local money which they had received for child care under Title IV-A, and 3 others could not estimate the amount received under WIN funding. A roughly equivalent number (but not always the same states) were unable to provide totals on expenditures. Further, as the degree of specificity increased, the number able to provide information decreased: thus, 11 states* could not provide information on dollars expended by method of service provision and 19* were unable to provide figures by provider type. The absence of specific data does not imply that no records were kept, but rather that figures for child care were either not separately maintained, not aggregated, or not structured in the form in which we requested them.

Discrepant data--In addition to the problem of missing data, it should be noted that both the state's personnel and the consultants spent a great deal of time attempting to develop a logical reconciliation of income and expenditure figures.

Discrepancies between income and expenditure totals frequently derived from the varying practices with regard to the handling of indirect (administrative) costs: thus, while some states distribute their administrative costs by method of service provision and/or by provider type, others do not. In these latter cases, there is a discrepancy between income and expenditure totals, with the income total being greater than the expenditure total. This discrepancy may be assumed to reflect undistributed administrative costs, although this

---

*These are inclusive of the states which could not supply information on the total expended.

was not always clearly established as the explanation. The lack of clarity in this regard derives from the further fact that administrative costs are frequently not broken out by service type, so that the amount of administrative costs directly associated with child care services could not be ascertained.

There were also found to be rather frequent discrepancies between the data supplied for the two expenditure charts (Table III, Expenditures by Method of Service Provision, and Table IV, Expenditures by Provider Type). While these discrepancies have been largely reconciled in the data presented, it is worth noting that this was often a difficult process, involving numerous calls to the states. The reasons for these problems were multiple, as follows: 1) fiscal data often had to be secured from multiple sources; 2) the data was not generally collected in the categories which we had defined; 3) different data bases were frequently involved in assembling the information for the two different expenditure charts (e.g., WIN monies may have been included one place and excluded in the other); and 4) there was rarely an on-going state process for comparing and reconciling figures.

Several states indicated that implementation of the cost portion of the SSRR should enable them to provide better information about expenditures in the future. It is anticipated, however, that good data on administrative costs is not likely to become available even at that time. The importance of such data, and the degree of specificity which is needed, is an issue which needs to be addressed on a policy level.

With regard to content, based on the information which was secured, the Income Sources Table shows that:

- Title IV-A was by far the dominant source of child care income in all but four states. The exceptions were Alaska (where WIN funds were almost equivalent to IV-A funds), Wyoming (where IV-A, WIN and CWS contributed almost equal amounts), Washington, D.C.

(where most of the child care income came from unmatched local funds),and North Dakota (where over half of the child care funds came from Income Maintenance)

- WIN dollars were utilized in all but four states. With the exceptions noted above, they comprised 2% to 30% of the total.

- CWS funds were reportedly used for child care in 13 states. Eight had information on dollar amounts, and for seven of the eight, CWS funds constituted a very samll proportion of the whole.

- State and local unmatched funds were reported by 11 states, of which six cited actual dollar amounts. As noted above, this is presently the dominant source of funds only for Washington, D.C., but several states indicated that they will be moving more heavily in this direction as a consequence of having reached their ceilings.

- Two states reported other federal funds (including substantial Appalachian Regional Commission funds in South Carolina) and two states identified income maintenance funds as "other federal funds." Several other states indicated that income maintenance funds were heavily used, either in the form of cash grants or through the mechanism of income disregard, but they could not specify amounts without undertaking extensive reviews of case records.

Table III -- Expenditures by Method of Service Provision reveals that :

- The vast majority of child care dollars are expended for center care in 21 of the states for which we have information

- Expenditures for center care and family day care are roughly equivalent in five states.

- Family day care is the most heavily subsidized form of care in 4 states, and
- In-home care is dominant in 2 states.

In terms of the distribution of expenditures by method of service provision (Table IV), we find that Purchase of Service is by far the dominant method. As noted in the introduction, we have distinguished between contracted facilities (generally centers in which all, or virtually all, slots are utilized for FFP eligibles) and vendor-paid facilities (centers or homes where care is purchased for individual children, generally on the basis of an agreement or mini-contract). In looking at this division, we note that:

- Contracted facilities are used as the dominant method of service provision by 24 states, and 6 of these states use this method exclusively. There are only four states which show no funds expended by this method. This method of service provision has shown the most rapid expansion.
- Vendor paid facilities are dominantly used by 9 states and approximately 6 states show relatively equal expenditures for vendor paid facilities and contracted centers. There are 12 states which show no funds expended by this method. Caution is urged with reference to this latter finding, since it is possible that vendor paid facilities may have been included with the contracted facilities category in some states, since contracts are utilized for both.
- Direct provision of services is minimal. It is employed by 8 states, and is the dominant method for only one state.
- Client reimbursement (i.e., where the client pays the provider for services received) was reported as a service provision method by only six states; in four of these, however, it was identified as being very heavily

utilized. Half of the states which use this strategy for purchasing services indicated that WIN funds are so employed; the other half reported the use of Social Service funds for this method.

Comprehensive purchase of service contracts for contracted centers have reportedly been developed, and are being utilized, by all of the states which employ this method. Most states also report the use of a shortened agreement form, or mini-contract, in connection with vendor purchases from centers and homes, although there were a number of states which had not fully implemented this practice in relation to family day care home providers. Approximately one-third of the states reported the use of a signed agreement with in-home providers.

Twelve states (California, Colorado, Florida, Illinois, Kansas, Kentucky, Minnesota, Missouri, Oklahoma, Oregon, and Texas) engage in large scale sub-contracting, wherein a contract is signed with an umbrella agency and that agency in turn signs sub-contracts with service providers. Community agencies (e.g., 4-C's) dominate as the umbrella agencies, followed in frequency by other state agencies and local governmental units.

With reference to the fiscal processes which are utilized to ensure quality control of disbursements to providers, all states report that such procedures have been (or are now being) instituted for all methods of service provision. The reader is urged to review the individual state summaries for specific descriptions of the procedures used by each of the states. Several general patterns may, however, be noted here.

First, for contracted facilities (generally centers and an occasional family day care home system), the most frequently mentioned quality control procedures are checks against the budgets and the contracts, to ensure that payment is consistent with the contractual provisions and within the budgeted costs. Periodic audits of actual costs are reportedly undertaken by

states, either on a regularly scheduled basis or when problems occur. As noted in the monitoring section, a number of states have special Purchase of Service units which undertake on-site reviews to assess contract compliance, both fiscally and programmatically. Most states require specific attendance information, although payment may be made on the basis of budgeted or actual costs, regardless of whether the slots are filled.

For vendor paid facilities, the most commonly reported quality control procedures involve checks against provider and user lists, attendance edits, and verification of rate accuracy, based on contractual arrangements.

In the few states where the client reimbursement method is used, controls appear somewhat less structured, although the general practice is to require that the client return a receipt signed by the provider.

A mini-study of providers was undertaken (involving phone calls to 5-10 center and family day care home providers in 27 states), to secure information on their perceptions of the various management practices which affect them. With reference to fiscal management, they were asked about the payment source, the billing form utilized, the information required of them, the time lapse between billing and receipt of payment, and their rate per hour. Their information generally parallels the reports which we received from the state personnel, as follows:

- Direct payment from the social services agency (or the WIN agency, or the state) is the strongly dominant method of payment reported, with only a few indicating that direct payment were received from publicly-subsidized parents.

- Almost all report that they utilize a standardized billing form, provided to them by the agency--the form usually enumerates the children and the hours

during which service was provided. Variations were reported for only three states: In one, computer printouts are sent to centers, and family day care home providers prepare their own reports; in another, providers stated that they automatically received payment in accordance with contractual arrangements; in the third, a purchase order form is used (including name, amount of payment and signed certification that it is a true statement).

- The time lapse varies from state to state:

  Providers in 7 states indicated that they generally receive payment within 15 days; in 5 states, 16-30 days is typical; in 9 states, there were varying reports, ranging up to 30 days; and in 3 states, more than 30 days was common. A large proportion of providers indicated that any interval in excess of two weeks caused problems.

- Reported rates were within the ranges reported by the states and discussed in the section which follows. Information on the basis and amount of rates paid to providers was secured from all states, by provider type. This information is displayed in Tables V and VI. The primary basis was identified as "actual and necessary costs", followed closely in frequency by "prevailing community rates". In 8 states, prevailing rates and/or actual costs were limited by an agency-established maximum. In 12 states, the rate was established by the government, without regard to prevailing rates or actual costs (6 of these were legislatively fixed and 6 were agency established). Several indicated that rates were locally established; and two specified the minimum wage as the determinant.

With regard to the actual rates, as shown in Table VI, the variations from minimum to maximum for a specific provider type is generally attributable to varying numbers of hours of care provided in a single day (with the minimum representing the rate for 6 hours and the maximum representing the rate for 10 hours). In some instances, however, the variations represent different rates paid in different counties or to different types of providers. While our information is limited to a few states, it is suggestive, nonetheless. Thus,

2 states (Connecticut and Louisiana) reported varying rates for public and private centers, with the higher rate being paid to the public centers, and

3 states (Hawaii, Massachussetts and New Mexico) reported varying rates for contracted as compared with vendor paid centers, with the higher rates being paid to the contracted centers. Respondents in Hawaii were explicit about the reason for the variations, stating that the contracted centers must meet FIDCR and consequently charge nearly twice as much as facilities which do not.

In each such case, the chart reflects the bottom of the lowest range and the top of the highest range.

Information on rates for group day care homes was available for only five states and, in each instance, they corresponded with the rates paid to centers (and were therefore not separately displayed within the chart). In-home rates frequently vary by the number of children.

The most significant aspect of the rates chart is the extent of variation between states. Thus, the top of the rate range for centers varies from < $4 in one state to $18.37 per day in another! No explanation for these variations were secured beyond the reported differences in actual cost, in prevailing rates, or in available funds. Further study of the factors contributing to these variations would

seem to be indicated. In addition, a systematic study of the relationship between the rates paid and the standards required should prove highly productive for the FIDCR Appropriateness Committee

Rates paid to family day care home operators generally either correspond with those paid for centers or they are lower, at least with respect to the top of the range. While the minimum wage issue does not legally arise with reference to family day care homes, examination of the rate chart makes it apparent that family day care providers who care for four or fewer children earn a very minimal income in many states.

Rates for in-home providers tend to be lower still, although there are a few notable exceptions (Iowa, Nebraska, Oregon and Vermont) where the in-home rate reflects the minimum wage. By and large, the minimum wage issue in relation to in-home care has been dealt with in one of three ways: states either do not use in-home care; or they use relative in-home care; or they simply permit the client to purchase his/her own in-home care, with WIN or social services funds, in accordance with prevailing rates.

To sum up the fiscal management sub-system, in terms of the criteria, we may note that:

- Needed fiscal materials have almost all been produced and are judged to be good or very good by most of the states.
- Processes utilized to implement fiscal management appeared to be generally comprehensive in terms of the development and execution of contracts and the on-going implementation of such quality control procedures as validating invoices against budgets, contracts and/or attendance sheets.
- On the other hand, complete and consistent fiscal information on income and

expenditures was sometimes difficult, or impossible, to secure. A breakout of information on administrative costs, for a single social service (i.e., child care) was even less accessible. While the aggregation of fiscal data and the distribution of administrative costs may not be essential to the day-by-day operation of the fiscal management sub-system, good accounting practice would suggest that additional efforts along these lines are desirable.

- Purchase of Service (particularly in the form of contracted facilities, i.e., facilities serving only FFP children) is the dominant method of service provision; and centers are the dominantly-utilized provider type.

- Finally, every state has clearly established rate schedules, reportedly based on actual and necessary costs, prevailing rates, and/or agency decision. Given the extreme variations in these rates, it is difficult to ascertain whether they are in fact "reasonable and equitable" and further study of this matter is recommended.

*U.S. GOVERNMENT PRINTING OFFICE:1976 621-725/4645 1-3